Sheriff's Warrants

Publication/Creation

1860-1861

Persistent URL

https://wellcomecollection.org/works/ssau2j3q

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution, Non-commercial license.

Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.

wellcome collection

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

DGHI/S/1/1/21



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) County of Dumfries and his Substitutes,—

The Petition of Mrs Margaret Turner No 2 New Bridge St Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Ann Hughan is at present in a state of Mental Derangement, and 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 Ann Hughan to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) M A Turner

(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 January one thousand eight hundred and Sixty

STATEMENT.

If any 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 Hughan
2. Sex and Age,	sixty four years of age
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Kept house for her husband has since his death on her means
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Glencaple Quay
7. Place where Found and Examined,	Glencaple Quay
8. Length of time Insane,	about two months
9. Whether first Attack,	No she has had 7 previous ones
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries
12. Duration of existing Attack,	about two months
13. Supposed Cause,	Family Troubles
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Not Known
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Mrs Turner Sister of Patient New Bridge St Dumfries how Known to be insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None Known

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

(SIGNED)* *Name*, M A Turner

DATED this Sixth day of January one thousand eight hundred and Sixty

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1200.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James Murray McCulloch being a (1) Graduate of Physicians of the University of Edinbu
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) the Southern Comm
Asylum, near Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Anne Heughan, Glencaple
and that
the said Anne Heughan 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) Melancholia, with inclination to suicide

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

(SIGNED) *Name and Medical Designation,* James Mc. McCulloch M.D. E

Place of Abode, 38 Castle Street, Dumfries

DATED this 5th day of January One thousand eight hundred and sixty 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, James Gibson M.D
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) Dr Mitchison
Crombie Asylum Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Anne Heughan
Glencaple Caphouse cottage
and that
the said Anne Heughan is a (5) Person
of unsound 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) Mental depression, contemplation of evil, desire to die

2. Other facts (if any) indicating Insanity communicated to me by others. (7)
The above facts certified to by her servant

(SIGNED) *Name and Medical Designation,* James Gibson M.D

Place of Abode, Crichton Royal Dumfries

DATED this 6th day of January one thousand eight hundred and Eighty

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert 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 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 Anne Heughan is a (1) Lunatic hereby further certify that the Case of the said Anne Heughan is One of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

Name, James Murray McCulloch M.D. &c

Place of Abode, 38 Castle Street, Dumfries

Dated this 5th day of January one thousand eight hundred and sixty years

(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, Alexander Hannay Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Mary Ann Turner No 2 New Bridge Street, Dumfries Certificates under the hands of James Murray McCulloch, M.D. &c. and James Scholefield 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) Anne Heughan, Glencaple _____ and that the said Anne Heughan 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 Anne Heughan _____ as a Patient into the (6) Public Asylum of Southern Counties Dumfries, and I authorise Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Anne Heughan which accompanied the said Petition.

(Signed) A Hannay

Dated this Seventh day of January one thousand eight hundred and sixty 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.

946

Mrs Ann Leighton

6/1/60

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 (2) County of Dumfries *and his Substitutes.*—

The Petition of Gilbert Telfer, Watchall, Kirkconnel

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

(SIGNED) Gilbert Telfer

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

DATED this 12th (3) day of January one thousand eight hundred and Sixty

STATEMENT.

If any 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 Telfer
2. Sex and Age,	Male Viscount one
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	His Fathers residence
7. Place where Found and Examined,	Moatlaugh his parents Domicile
8. Length of time Insane,	Cannot exactly say perhaps two years
9. Whether first Attack,	Has gradually grown worse since first observed
10. Age (if known) on first Attack,	- 19
11. When and where previously under Examination and Treatment,	Milnholme House Musselburgh but was brought home thinking discharge might do him good
12. Duration of existing Attack,	
13. Supposed Cause,	Cannot say what caused his 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,	Not a pauper
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Gilbert Telfer Father living at Moatlaugh Parish of Cast Eskdon. No friends of the family or any of the family ever known to be insane
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,* Gilbert Telfer

DATED this 12th day of January one thousand eight hundred and Sixty

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1200.

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 Berthwick M. D.
being a (1) Graduate 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 Southern
Counties Asylum in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Henry Telfer Pauper Criminal
from Whitehaugh Cobleton and that
the said Henry Telfer is a (5) person of un-
sound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Depression
of Spirits, confusion, theft

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
his attendant informs me that he is
times noisy, violent, and inclined to wander

(Signed) *Name and Medical Designation,* Alex Berthwick M. D.

Place of Abode, Dumfries

Dated this 12th day of January One thousand eight
hundred and sixty

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 Gilchrist M.D
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) Southern
Counties Asylum Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Henry Telfer Murderer
from Whitehaugh Cobleton and that
the said Henry 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) Depression
Cantiousness Moroseness Confusion
Fideas of Matters to himself and
Laughs without cause

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7)
Her attendant states that he be-
comes excited and violent
occasionally

(Signed) *Name and Medical Designation,* James Gilchrist M.D

Place of Abode, Southern County Asylum Dumfries

Dated this 12th day of January one thousand eight
hundred and Sixty

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in case 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

(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, Alexander Penney Sheriff Substitute of the (2) County of Dumfries having had produced to me with a Petition at the instance of Gillbert Telfer Whitehall, Liddesdale Certificates under the hands of Alexander Berthwick, M. D and James Gilchrist, 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) Henry Telfer, Whitehall, Liddesdale and that the said Henry 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 Henry Telfer _____ as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Henry Telfer which accompanied the said Petition.

(SIGNED) A. Penney

DATED this 12th day of January one thousand eight hundred and sixty

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.

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) Steward of the (2) Stewartry of Kirkcudbright and his Substitutes,—

The Petition of James Thomson, Inspector of Poor, Kirkcudbright humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Mc Whinnie, 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 Mc Whinnie to the Royal Crichton Institution, Dumfries and to sanction her admission into the said Asylum.

(SIGNED) James Thomson

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

DATED this Eleventh (3) day of January One thousand eight hundred and Sixty

---

STATEMENT.

If any 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 Mc Whinnie
2. Sex and Age,	Female - 75 years
3. Married, Single, or Widowed,	Widow.
4. Condition of Life, and previous Occupation (if any),	Resides with her Son, Who is a Grocer - formerly she Hawked - Small articles of Clothing
5. Religious Persuasion, so far as known,	Member of the Free Church of Scotland
6. Previous Place of Abode,	Parish of Kelton in the Stewartry of Kirkcudbright
7. Place where Found and Examined,	High Street, Kirkcudbright
8. Length of time Insane,	Two Months and upwards
9. Whether first attack,	No,
10. Age (if known) on first Attack,	Four years ago.
11. When and where previously under Examination and Treatment,	Was seen by Dr Shand in Kirkcudbright
12. Duration of existing Attack,	Two Months
13. Supposed Cause,	Fell down the Hole, on Board a Steam Boat, and had her head much Bruised 4 years ago
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,	Kirkcudbright
18. Date of becoming Chargeable,	January 10th 1860.
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,	Thomas Mc Whinnie. Kirkcudbright - Son - None 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.

(SIGNED)* Name, James Thomson

DATED this Eleventh day of January One thousand eight hundred and sixty Sixty

* To be signed by the Party applying.

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 Shand being a (1) Graduate of Edinburgh University, & Fellow of Royal College of Physicians in Edinburgh and being in actual practice as a (2) Medical man hereby certify, on soul and conscience, that I have this day, at (3) High St. Kirkcudbright Kirkcudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) Jane McWhinnie Kirkcudbright pauper and that the said Jane McWhinnie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 talking of things as having occurred which have happened in her own imagination & threats of those that are her best friends

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Livingstone next door neighbour & Thomas Whinnie her son & J. McGregor Plumber next door all testify to the above & the impossibility of persuading her to desist from talking during night.

(SIGNED) Name and Medical Designation, J. Shand M.D. F.R.C.

Place of Abode, Oakley House — Kirkcudbright

DATED this 11th day of January One thousand eight hundred and Sixty

---

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 Blair being a (1) L.R.C.S.E. and being in actual practice as a (2) 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) Jane McWhinnie Kirkcudbright a Pauper and that the said Jane McWhinnie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 manner of speech & behaviour generally

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) From the opinion of her neighbours Mrs Livingstone & Mr McGregor of her conduct in disturbing and annoying the neighbourhood by her outrageous behaviour.

(SIGNED) Name and Medical Designation, David Blair Surgeon

Place of Abode, Kirkcudbright

DATED this 11th day of January One thousand eight hundred and sixty-

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 Hyacinth Dumbar (2) Sheriff-Substitute
of the (3) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) James Norman
Inspector of Poor, Kirkcudbright
Certificates under the hands of John Laird
and Dana Blair, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McWhinnie, a Pauper,
Jane McWhinnie 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 McWhinnie as a Patient into the Dumfries 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 McWhinnie which accompanied the said Petition.

(SIGNED) W H Dumbar

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

To the Superintendent of the (7) Dumfries 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.

348
Jane McMahon
18 1/2 60

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 or Steward. (*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) Shire of Wigtown and his Substitutes,—

The Petition of John Mc Dowal

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Isabella Mc Dowal is at present in a state of Mental Derangement, and 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 Mc Dowal to the Lunatic Asylum Dumfries and to sanction her admission into the said Asylum.

(SIGNED) John Mc Dowal

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

DATED this twelfth (*) day of January One thousand eight hundred and Sixty

---

STATEMENT.

If any 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 Mc Dowal
2. Sex and Age,	Female aged fifty two years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Small dealer, formerly blacksmiths wife
5. Religious Persuasion, so far as known,	United Presbyterian
6. Previous Place of Abode,	Thirty years in Whithorn, formerly Blackcraig
7. Place where Found and Examined,	Whithorn
8. Length of time Insane,	Eight days
9. Whether first attack,	first attack — Once nervously excited
10. Age (if known) on first Attack,	Fifty when so excited
11. When and where previously under Examination and Treatment,	In Whithorn when so excited
12. Duration of existing Attack,	Eight days
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	occasionally during this attack
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,	John Mc Dowall — 42 Glassford St Glasgow — Is her son — None of the 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.

(SIGNED)* Name, John Mc Dowal

DATED this twelfth day of January One thousand eight hundred and Sixty

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Robert Broadfoot Surgeon Whithorn being a (1) Licentiate of the Royal College of Surgeons, Edinburgh and being in actual practice as a (2) Surgeon at Whithorn hereby certify, on soul and conscience, that I have this day, at (3) Whithorn at her house in the main street of Whithorn in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Mrs McDonal small provision dealer and that the said Mrs McDonal is a (5) person of unsound 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 usually declares when I visit her, that God is working in her, and is about to disclose through her instrumentality some very important secrets to the world &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She has struck occasionally some of her attendants, or broken a window frame without cause &c

(SIGNED) *Name and Medical Designation,* Robert Broadfoot Surgeon

Place of Abode, Whithorn

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

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

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

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

(4) *Insert 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, Alex M^c^ Millan Surgeon Whithorn being a (1) Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Surgeon at Whithorn hereby certify, on soul and conscience, that I have this day, at (3) Main Street Whithorn in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Mrs M^c^ Donal small provision Dealer and that the said Mrs M^c^ Donal is a (5) a Person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She talks incoherently imagines people want to poison her

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

That she broke two panes of glass without any assignable ca

(SIGNED) *Name and Medical Designation,* Alex M^c^ Millan Surgeon

Place of Abode, Whithorn

DATED this 12th day of Janr One thousand eight hundred and 60

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

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

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

(4) *Insert 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 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 Mrs Mc Donal before mentioned is a (1) person of unsound mind, hereby further certify that the Case of the said Mrs Mc Donal is One of Emergency, and I recommend the immediate removal of the said Mrs Mc Donal to an Asylum accordingly.

Name, Robert Broadfoot Surgeon

Place of Abode, Wishaw

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

(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, Macduff Ferrier (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Alex McDonald 42 Elderslie Street Glasgow and Robert Broadfoot, Surgeon, Wishaw Certificates under the hands of and Alexander McMillan 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) the said Mrs Isabella McDonald, and that the said Mrs Isabella McDonald 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 Isabella McDonald as a Patient into the (6) District Asylum of or Lunatic Asylum and I authorize for Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Isabella McDonald &c. &c. which accompanied the said Petition.

(SIGNED) M. Ferrier Sheriff Substitute of Lanarkshire

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

To the Superintendent of the (7) Asylum of or Lunatic 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.

(1) Sheriff or Steward.
(2) Share or Sweetty.

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

1. Christian Name a
length, .

2. Sex and Age,

3. Married, Single, o

4. Condition of Life,
(if any),

5. Religious Persuas

6. Previous Place of

7. Place where Found

8. Length of time fro

9. Whether first Adm

10. Age (if known) a

11. When and where
tion and Treatm

12. Duration of existi

13. Supposed Cause,

14. Whether subject t

15. Whether Suicidal,

16. Whether Dangerou

17. Parish or Union
Pauper) is Chargeable,

18. Christian Name a
Abode of nearest
Patient, and if
known), and w
Family known
sure, .

19. Special circumstan
insertion of any

I certify, that, t

DATED this

Surrey Street, — Ro

448
Isabella McDonnell
14/1/60

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) Shire
of Dumfries *and his Substitutes*—

The Petition of John McVitie, Colquhoun Kellyman

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Mcvitie my 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 Mcvitie to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(SIGNED) John Mcvitie

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

DATED this 16th (3) day of January one thousand eight hundred and sixty

~~John Mcvitie~~

STATEMENT.

If any 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 Mcvitie
2. Sex and Age,	Male 53 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	Established
6. Previous Place of Abode,	Lochrutton
7. Place where Found and Examined,	Crichton R. Institution
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,	Loss of farm
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Jean Mcvitie his wife Castlemilk Parkgunyeon
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 Mcvitie

DATED this 16th day of January one thousand eight hundred and sixty

* To be Signed by the Party applying.

LUNACY Board,—DEC.—57.—1200.

MEDICAL CERTIFICATE, No. 1.

I, the undersigned, Physician John Chisholm
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) Crichton
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) William Walker, Farmer
and that
the said William Walker is a (5) Insane Person
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Confusion of Ideas — restlessness, & wasted sick mind — Insomnia —

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
his sons state that he fancies his affairs are gone wrong - sick and living the case — also that he is at times violent & unmanageable

(SIGNED) Name and Medical Designation, John Chisholm M. D.

Place of Abode, 20 Buccleuch Street

DATED this 18th day of January One thousand eight hundred and 60

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert 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, Jno Chisholm M.D
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) Crichton
Royal Institution Dumfries in the County of
Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) William Walker Farmer
resident at Caulkerd Kirkpatrick and that
the said William Walker is a (5) Person
of unsound 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 excited — Confusion of Ideas — Thinks himself quite well — Wont sleep even disturbed at

2. Other facts (if any) indicating Insanity communicated to me by others. (7)
Son states that he has delusions regarding Mr Purdy — Thinks him off in mind — Sleeps none at night

(SIGNED) Name and Medical Designation, Jno Chisholm M.D

Place of Abode, Crichton Royal Institution

DATED this 18th day of January One thousand eight hundred and sixty.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert 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 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 William Walker is a (2) Insane Person hereby further certify that the Case of the said William Walker is One of Emergency, and I recommend the immediate removal of the said William Walker to an Asylum accordingly.

Name, John Hutchison M. D

Place of Abode, Brucehill Heat Dumfries

DATED this 18th day of January one thousand eight hundred and 60

(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 Pitcairn, Esquire, Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Walker, farmer, Cullivait, Kirkmahoe, one of Patient Certificates under the hands of John Hutchison, M. D. and Samuel Gilchrist, 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 Walker residing with the said John Walker, and that the said William 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 William Walker as a Patient into the (6) Public Asylum of Crichton Royal Institution here, and I authorise his Transmission to the said Asylum accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Walker which accompanied the said Petition.

(SIGNED) John Pitcairn

DATED this 18th day of January one thousand eight hundred and Sixty

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

841

William Walther

18/1/60

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) County of Dumfries *and his Substitutes,—*

The Petition of Thomas Davidson Inspector of Poor & Collector

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Lorimer or Hastings is at present in a state of Mental Derangement, and 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 Lorimer or Hastings to the Southern County Asylum Dumfries and to sanction her admission into the said Asylum.

(SIGNED) Thomas Davidson

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

DATED this twenty eighth (3) day of January one thousand eight hundred and sixty

STATEMENT.

If any 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 Lorimer or Hastings
2. Sex and Age,	62
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Wife of a Labourer
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Has resided upwards of seven years at Carron Grange
7. Place where Found and Examined,	
8. Length of time Insane,	more or less for the last three years
9. Whether first Attack,	Can scarcely be ascertained
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	has never been from home before
12. Duration of existing Attack,	more particularly ill for the last month
13. Supposed Cause,	paralysis
14. Whether subject to Epilepsy,	not believed so by the Medical Attendant
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. Christian Name 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,	
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, Thomas Davidson

DATED this twenty eighth day of January one thousand eight hundred and Sixty

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1200.

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.*

I, the undersigned, Thomas Boyle Grierson being a (1) Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Carruthers in the County of Dumfries separately from any other Medical Practitioner,

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

visited and personally examined (4) Agnes Lorimer Hastings residing at Carruthers and that

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

the said Agnes Lorimer Hastings is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Very imperfect understanding of what is said to her or what is required of her. Her actions not guided by reason, and unable to act with any definite purpose.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Restless, wakeful, impatient of control as stated to me by her husband John Hastings residing at Carruthers &c.

(SIGNED) *Name and Medical Designation,* T. B. Grierson, Surgeon

Place of Abode, Moorhall

DATED this twenty seventh day of January One thousand eight hundred and sixty.

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.*

I, the undersigned, John Balziel being a (1) Doctor in Medicine of the University of Edinburgh; Fellow of the Royal College of Surgeons there, and being in actual practice as a (2) Physician & Surgeon, hereby certify, on soul and conscience, that I have this day, at (3) Carrutherbridge, in the County of Dumfries, separately from any other Medical Practitioner,

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

visited and personally examined (4) Agnes Lorimer or Hastings residing at Carrutherbridge and that

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

the said Agnes Lorimer or Hastings is a (5) Person of Unsound Mind and a proper Person to be detained under Care and Treatment, 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 demeanour & Physiognomical expression.

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7) Ferocity & uninterrupted vigilance & locomotive act according to information derived from her husband & her next neighbour, Miss Elizabeth Thompson.

(SIGNED) *Name and Medical Designation,* John Balziel, M.D.

Place of Abode, Penpont.

DATED this Twenty-seventh day of January one thousand eight hundred and sixty.

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, Mr Duncan Grotter (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas Davidson Inspector of Poor Dumfries Certificates under the hands of Thomas Boyle Grierson and Mr Dalziel, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Lorimer or Hastings at Carruthers and that the said Agnes Lorimer or Hastings 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 Lorimer or Hastings as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Lorimer or Hastings which accompanied the said Petition.

(SIGNED) Duncan Grotter

DATED this thirty first day of January one thousand eight hundred and sixty 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.

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

[FORM A4]

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE TRANSFER OF A LUNATIC FROM ONE ASYLUM TO ANOTHER.

(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 Hubert Henry Vaughan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Henry Vaughan at present a Patient in the Asylum of Baldovan remains in a state of Mental Derangement, and is a proper person for treatment in an Asylum; and that it is desired to transfer the said Henry Vaughan to the ~~Asylum of~~ Crichton Royal Asylum at Dumfries. May it therefore please your Lordship to authorize the Transfer of the said Henry Vaughan and to sanction his admission into the said Asylum accordingly.

(SIGNED)* Hubert Henry Vaughan
Designation, Cousin on Half Blood Uncle

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

DATED this (14 Fourteenth (3) day of January one thousand eight hundred and Sixty

STATEMENT.

If any 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 Vaughan
2. Sex and Age,	Sixteen & One Months
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Nothing
5. Religious Persuasion, so far as known,	None
6. Previous Place of Abode,	Baldovan
7. Place where Found and Examined,	Baldovan
8. Length of time Insane,	Since Infancy
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	From Infancy
11. When and where previously under Examination and Treatment,	Baldovan Since Infancy
12. Duration of Existing Attack,	Paralysis and Epileptic fits
13. Supposed Cause,	Not Known at Present
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Hubert Henry Vaughan Hamilton Lodge but at present 56 India Street Edinburgh Father to the Boy
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

(SIGNED)* *Name,* Hubert Henry Vaughan

DATED this Fourteenth day of January one thousand eight hundred and Sixty

* To be Signed by the Party applying, who shall state the degree of Relationship (if any) to the Patient

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James William Miller
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) Baldovan asylum
in the county of Forfar separately from any other
Medical Practitioner, personally examined (4) Henry Vaughan
and that the said Henry Vaughan 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.:—

1. Facts indicating Insanity observed by myself: (5) His appearance is quite idiotical; seems to have extremely little or no comprehension of what is said to him.

2. Facts indicating Insanity communicated to me by others: (7) That he was always in much the same state as when I saw him, and occasionally noisy.

(SIGNED) *Name and Medical Designation,* J. M. Miller M.D.

Place of Abode, 39 Tay St. Dundee

DATED this twenty first day of January One thousand eight hundred and sixty.

(1) *Here set forth the qualification entitling the person certifying to grant the certificate; e. g.*—Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, as the case may be.*
(3) *Here insert the street and number of the house (if any), or other like particulars.*
(4) *Here insert 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) *Here state the facts.*
(7) *Here state the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, David Greig M.D.
being a (1) F. R. C. S. Edin.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Baldovan asylum
in the county of Forfar separately from any other
Medical Practitioner, personally examined (4) Henry Vaughan
and that the said Henry Vaughan is an Imbecile
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 quite an Imbecile.

2. Facts indicating Insanity communicated to me by others: (7)
He had been so from birth.

(SIGNED) *Name and Medical Designation,* David Greig M.D.

Place of Abode, 140 Nethergate Dundee

DATED this twenty-first day of January One thousand eight hundred and Sixty!

(1) *Here set forth the qualification entitling the person certifying to grant the certificate; e. g.*—Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, as the case may be.*
(3) *Here insert the street and number of the house (if any), or other like particulars.*
(4) *Here insert 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) *Here state the facts.*
(7) *Here state the information, and from whom derived.*

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

I, Mark Napier (1) Sheriff of the (2) County of Dumfries having had produced to me, with a Petition for Transfer at the instance of (3) Captain Henry Robert Vaughan 39 Roy. S. Dundee Certificates under the hands of J. W. Miller M.D. 39 Roy. S. Dundee and David Greig M.D. 160 Nethergate Dundee, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) the said Henry Vaughan at present a patient in the Asylum of Baldovan near Dundee and that the said Henry Vaughan is a (5) Complete Imbecile and a proper person to be detained and taken care of, DO HEREBY AUTHORIZE the Transfer of the said Henry Vaughan from the Asylum of Baldovan nr Dundee to the Asylum of the Craighton R. Institution and I authorize the Transmission to the Asylum of Craighton R. Institution accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Henry Vaughan which accompanied the said Petition.

(SIGNED) Mark Napier

DATED this twenty fifth day of January one thousand eight hundred and sixty

To the Superintendent of the (6) Public
Asylum of the Craighton 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 or Private.

357
Henry Farquhar
1/2/60

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) County *of* Dumfries *and his Substitutes,—*

The Petition of David Clarke Slater Castle Douglas

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Grace Blacklock or Clarke My 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 Mrs Grace Blacklock or Clarke to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(SIGNED) David Clarke

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

DATED this 1st (3) day of February one thousand eight hundred and Sixty

STATEMENT.

If any 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 Grace Blacklock or Clarke
2. Sex and Age,	Female. 45 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	wife of Mr James Clark Slater
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Castle Douglas
7. Place where Found and Examined,	~~Dumfries~~ Castle Douglas
8. Length of time Insane,	~~2 years 6 months~~ 3 years
9. Whether first Attack,	2nd Attack
10. Age (if known) on first Attack,	42 years
11. When and where previously under Examination and Treatment,	Visited by Dr Anderson of Castle Douglas
12. Duration of existing Attack,	~~2 years~~ 18 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,	Parish of Kelton
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 Clarke. Castle Douglas Son of Patient ~~a brother~~ a Nephew — One Member of her family has been insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

(SIGNED)* *Name,* David Clarke

DATED this 1st day of February one thousand eight hundred and* Sixty

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1500.

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 Gibson
being a (1) Physician in Dumfries
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) The Southern
Dumfries Asylum in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Jean Blacklock or Clark
the said Jean Blacklock or Clark and that
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) delusions of a decided character, violence, and incoherency of—

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
been informed that she has threatened the lives of her son and daughter.

(SIGNED) *Name and Medical Designation,* Jas Gibson M.D. Surgeon

Place of Abode, Buccleuch Street Dumfries

DATED this 1st day of February One thousand eight hundred and Sixty

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 Gibson M.D.
being a (1) Physician of the Dumfries
Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Southern
Dumfries Asylum in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Jean Blacklock or Clark
a pauper recently resident at Dumfries and that
the said Jean Blacklock or Clark is a (5) Person
of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Both this person herself has delusions as to her family and persons, especially

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7)
Her son affirms that she has threatened violence towards them both

(SIGNED) *Name and Medical Designation,* James Gibson M.D.

Place of Abode, Southern Asylum Dumfries

DATED this 2nd day of February one thousand eight hundred and Sixty

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in case 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 Mrs Blacklock or Clark Dumfries is a (1) Lunatic and proper hereby further certify that the Case of the said Mrs Blacklock or Clark is One of Emergency, and I recommend the immediate removal of the said Mrs Blacklock or Clark to an Asylum accordingly.

Name, James Greive M.D. Surgeon

Place of Abode, Buccleuch Street Dumfries

DATED this 1st day of February one thousand eight hundred and Sixty

(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, Mungo Thomas Fraser (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me with a Petition at the instance of (3) David Clarke Slater in Castle Douglas, Railroad Constable Certificates under the hands of James Greive, M. D. Surgeon and James Goldie, 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) Grace Blacklock or Clark, Castle Douglas and that the said Grace Blacklock or Clark is a Lunatic Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Grace Blacklock or Clark as a Patient into the (5) Public Asylum of Southern Counties Dumfries and I authorise the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Grace Blacklock or Clark which accompanied the said Petition.

(SIGNED) Mungo Thomas Fraser

DATED this Second day of February one thousand eight hundred and Sixty

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.

No. 5-2

Mrs. Charles Ice
Bruce Hemphill
1/2/60

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) Shire of Dumfries and his Substitutes,—

The Petition of Eleanor Cairns, Chorley Lancashire

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Cairns Manufacturer is at present in a state of Mental Derangement, and 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 Cairns to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(SIGNED) Eleanor Cairns

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

DATED this 12th (3) day of February one thousand eight hundred and Forty

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Dr William Cairns
2. Sex and Age,	Male 37
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Manufacturer
5. Religious Persuasion, so far as known,	Independent
6. Previous Place of Abode,	Chorley Lancashire
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	~~Two or three months~~ Seven years
9. Whether first Attack,	No the 7th Attack
10. Age (if known) on first Attack,	22
11. When and where previously under Examination and Treatment,	Crichton Royal Institution
12. Duration of existing Attack,	Ten days
13. Supposed Cause,	No Known Masturbation &c
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,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	John Cairns Chorley Lancashire Brother
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,* Eleanor Cairns

DATED this 12th day of February one thousand eight hundred and sixty

* To be Signed by the Party applying.

Lunacy Board.—Dec.—37.—1240.

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 Greig
being a (1) Graduate of the University & Licentiate of the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) the Architectural Institute Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Charles Charley, Chorlton Lancashire Merchant and that the said William Charles Charley 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) Very Marked delusions, as to one relations with foreign nations, &c

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) by the attendants of the House, & of my own knowledge having seen him there some years ago.

(SIGNED) *Name and Medical Designation,* James Greig M.D. Edin

Place of Abode, Breconbank Street Dumfries

DATED this 1st day of February One thousand eight hundred and Sixty

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 Gilchrist M.D.
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) the Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Charles Charley Lancashire Merchant and that the said William Charles is a (5) person of Unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Excited and incoherent. Has delusions as to persons and property

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7) By his sister who states that he was very much excited during yesterday and the night before

(SIGNED) *Name and Medical Designation,* James Gilchrist M.D.

Place of Abode, Crichton Royal Institution Dumfries

DATED this 1st day of February one thousand eight hundred and Sixty

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 Pilcairn Trotter (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Eleanor Cairns
of Chorley Lancashire
Certificates under the hands of James Grieve M.D. and James Gilchrist M.D.
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) William Cairns of Chorley aforesaid and that the said
William Cairns is a Lunatic and of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Cairns as a Patient into the
(5) Public Asylum of Crichton Royal institution and I authorise
his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William
Cairns which accompanied the said Petition.

(SIGNED) J. Jno P. Trotter

DATED this First day of February one thousand eight hundred and sixty years

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

F42
McCann
1/21/60

20 & 21 *Vict., Cap.* 71, *Sect.* 54.

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 Margaret Gilchrist Ballony Place Ruthwell humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Gilchrist my 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 Gilchrist ~~my husband~~ to the Crichton Royal, ~~Dumfries~~ and to sanction his admission into the said Asylum.

(Signed) Margaret Gilchrist

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

Dated this second (3) day of February one thousand eight hundred and fifty

STATEMENT.

If any 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 Gilchrist
2. Sex and Age,	Male 53
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	a Medical Man Established Church of Scotland
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	Madras
7. Place where Found and Examined,	Crichton Institution Dumfries
8. Length of time Insane,	Since July 1853
9. Whether first Attack,	Second attack
10. Age (if known) on first Attack,	43
11. When and where previously under Examination and Treatment,	Indian Asylum Purnea
12. Duration of existing Attack,	About two years
13. Supposed Cause,	Sunstroke
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No but very irritable
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Margaret Gilchrist Ballony Place Ruthwell Wife of the Patient
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	No Member of his family insane

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

(Signed)* *Name,* Margaret Gilchrist

Dated this second day of February one thousand eight hundred and fifty

* 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, James Greene being a (1) Physician and Licentiate of the Royal College of Surgeons Edinr and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) The Cruchton Royal Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Dr. William Gilchrist and that the said Dr. William 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: (6) Loss of self control excitement and inability to abstain from the excessive use of stimulants, &c, all admitted by himself.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Informed by his attendants of his miserable addiction to stimulants, and occasional incontinence in

(SIGNED) *Name and Medical Designation,* James Greene M.D. Ed.

Place of Abode, Cruchton Royal Institution Dumfries

DATED this 2d day of February One thousand eight hundred and Sixty

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 Gilchrist MD being a (1) Graduate of the University of Edinburgh Physician and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Dr William Gilchrist a Surgeon Resident at Dalbeattie and that the said Dr William 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: (6) He is habitually - is reported - has lost self control - is utterly powerless to resist temptations to taking stimulants

2. Other facts (if any) indicating Insanity communicated to me by others. (7) His wife states that he suffers violence of temper in his efforts to obtain drink

(SIGNED) *Name and Medical Designation,* James Gilchrist M

Place of Abode, Crichton Royal Dumfries

DATED this Second day of February one thousand eight hundred and Sixty.

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 Dr. William Gilchrist is a (1) unsound of mind hereby further certify that the Case of the said Dr. William Gilchrist is One of Emergency, and I recommend the immediate removal of the said Dr. William Gilchrist to an Asylum accordingly.

Name, James Greive M.D. Surgeon.

Place of Abode, Dunclaud Stanty Dumfries

DATED this 2d day of Feby one thousand eight hundred and Sixty

(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 Pearson Grotte Sheriff Substitute of the (2) County of Dumfries having had produced to me with a Petition at the instance of Margaret Gilchrist Rottray wife of Patient Certificates under the hands of Edward Greive M. D. and James Gilchrist, 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) Dr William Gilchrist, at Superintendent of Rottray and that the said William 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 William Gilchrist as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorise the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Gilchrist which accompanied the said Petition.

(SIGNED) John P Grotte.

DATED this 3d day of February one thousand eight hundred and Sixty

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

843

Dr Wm Schehrens

2/2/60

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) County of Wigtown and his Substitutes,—

The Petition of C. McMacfarlane, Inspector of Poor, Mochrum,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Telfor Pauper. Rhins Poor House is at present in a state of Mental Derangement, and 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 Telfor to the Crichton Royal Institution Dumfries and to sanction her admission into the said Asylum.

(SIGNED) C. McMacfarlane

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

DATED this Twenty fifth (3) day of January One thousand eight hundred and Sixty 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 Telfor
2. Sex and Age,	Female ~~About Thirty four years~~ Thirty five 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,	Mochrum
7. Place where Found and Examined,	Rhins Poor House
8. Length of time Insane,	About Five years
9. Whether first attack,	First Attack
10. Age (if known) on first Attack,	About Twenty nine
11. When and where previously under Examination and Treatment,	Rhins Poor House. 1854.
12. Duration of existing Attack,	Upwards of Five years.
13. Supposed Cause,	Supposed to be disappointment in some love affair
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Would, when excited, do injury to Others
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Mochrum Parish
18. Date of becoming Chargeable,	April, Fifty Four
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,	Agnes Telfor, Kirkmaiden, Sister to the above. None of the members of her 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.

(SIGNED)* Name, C. McMacfarlane

DATED this Twenty fifth day of January One thousand eight hundred and Sixty years

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, David Easton
being a (1) Doctor of Medicine and 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) Rhins Poor House, Stranraer Wigton in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Jane Telfor Pauper. Rhins Poor House and that
the said Jane Telfor 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) - Both in her words and Actions she is quite insane - She talks upon deal in a very incoherent Strain about matters relating to Religion, the Supreme Being &c She is sometimes outrageous, and will throw at any one who she may have in her hand at the time of excitement. Sometimes she is melancholic and will talk none and answer no question &c &c -

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The above Statements are corroborated by Mr. Jeffrey The Superintendent of Poor house -

(SIGNED) Name and Medical Designation, David Easton. M.D. Surgeon

Place of Abode, Stranraer

DATED this Twenty fifth day of January One thousand eight hundred and Sixty.

(1) Set forth the qualification entitling the person certifying to grant the certificate; e.g., Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, or otherwise, as the case may be.
(3) Insert the street and number of the house (if any), or other like particulars.
(4) Insert 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 Orpell Licentiate of the Faculty of Physicians & Surgeons of Glasgow
being a (1)
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the Rhins Poor House Stranraer Wigton in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Jane Telfer a pauper in the Rhins Poor House Stranraer and that
the said Jane Telfer is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She speaks incoherently and acts as a Lunatic but she exhibited no violence in my presence

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
I am informed by Mr and Mrs Jeffrey Superintendent & Matron of the Poorhouse that within the last two months she has frequently become outrageous breaking dishes and throwing her food about, and at others, and is dangerous to the rest of the Inmates

(SIGNED) Name and Medical Designation, John Orpell Surgeon

Place of Abode, Stranraer

DATED this 25th day of January One thousand eight hundred and Sixty Yes 5c

(1) Set forth the qualification entitling the person certifying to grant the certificate; e.g., Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, or otherwise, as the case may be.
(3) Insert the street and number of the house (if any), or other like particulars.
(4) Insert 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 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 is One of Emergency, and I recommend the immediate removal of the said
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, Macduff Rhind Ey Sheriff (1) Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) D. M. Macfarlane Inspector of Poor Mochrum
Certificates under the hands of David Easton M. D. Surgeon
and John Orgill 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)
Jane Telfer, Pauper
Jane Telfer and that the said is a (5) Lunatic

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) Criehton 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 which accompanied the said Petition.

(SIGNED) Mc Rhind

DATED this 31st day of January One thousand eight hundred and sixty-

To the Superintendent of the (7) Criehton
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.

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) County of Dumfries *and his Substitutes,*—

The Petition of William Graham Inspector of Poor Hoddam

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Grace Deans – Parker is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Grace Deans to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) William Graham Inspector of Poor Hoddam

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

DATED this Ninth (3) day of February One thousand eight hundred and Sixty

---

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Grace Deans
2. Sex and Age,	Female 37 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,	Established
6. Previous Place of Abode,	Lykeston Middlebie
7. Place where Found and Examined,	Examined in Poorhouse
8. Length of time Insane,	3 Days
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	57 Years
11. When and where previously under Examination and Treatment,	Nowhere
12. Duration of existing Attack,	3 Days
13. Supposed Cause,	Debauchery
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 Hoddam
18. Date of becoming Chargeable,	25th Dec. 1855
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,	Margaret Beattie Lykeston Middlebie. 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.

(SIGNED)* Name, William Graham Inspector of Poor Hoddam

DATED this Ninth day of February One thousand eight hundred and Sixty

* 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, James Carruthers
being a (1) Licentiate of the Royal College of Surgeons of Edinburgh
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Union Poorhouse Kirkpatrick Fleming in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Grace Deans pauper in the said Poorhouse and that the said Grace Deans 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)
Although she is blind she alleges she sees imag
sights such as people digging her grave and o
frequently screams and calls aloud through de
& evil doers and evil spirits

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
She is filthy in her habits and obscene in her talk she curse
and talks incoherently

(SIGNED) Name and Medical Designation, James Carruthers Surgeon L.R.C.S.

Place of Abode, Kirkpatrick Fleming

DATED this Ninth day of February One thousand eight hundred and Sixty

---

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 Young
being a (1) Licentiate of the Royal College of Surg
of Edinburgh Surgeon
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3) The Combination
Poorhouse Kirkpatrick-Fleming in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Grace Deans - pauper
residing in said Poorhouse and that
the said Grace Deans is a (5) Person of
Unsound 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)
Irrelevant answers to questions put to
her when answers could be obtained
Violent & screaming without any appa
cause

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Sleeplessness and nearly cont
screaming during the night — dirty
Habits. Received from Governor of Poor
this information

(SIGNED) Name and Medical Designation, William Young, Surgeon

Place of Abode, Ecclefechan

DATED this eighth day of February One thousand eight hundred and Sixty

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 is One of Emergency, and I recommend the immediate removal of the said
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 Pitcairn Fiddes (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me with a Petition at the instance of (3) William Jackson Inspector of Poor, Hadrum Certificates under the hands of James Carruthers and William 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) Grace Deans a pauper, in Kirkpatrick Workhouse and that the said Grace Deans is a (5) Lunatic & of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Grace Deans 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 Grace Deans which accompanied the said Petition.

(SIGNED) John P. Fiddes

DATED this Tenth day of February One thousand eight hundred and sixty

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.

466
Grace Dodson
11/2/60

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 or Steward.
(†) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (†) Shire of Renfrew *and his Substitutes,*—

The Petition of James Macpherson

Reg in London humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Lillias Macpherson is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Lillias Macpherson to the Dumfries Asylum and to sanction her admission into the said Asylum.

(SIGNED) James Macpherson

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

DATED this 8th (†) day of February One thousand eight hundred and sixty.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Lillias Macpherson
2. Sex and Age,	Female age sixty four or fifty
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	no occupation
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Glasgow & Inverary
7. Place where Found and Examined,	Greenock
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,	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 his Family known to be or to have been Insane,	The Petitioner James Macpherson her Brother at present residing at 61 Govan Road Partick Lanarkshire no other member of the 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.

(SIGNED)* *Name,* James Macpherson

DATED this day of One thousand eight hundred and

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, James Fraser Paton
being a (1) Doctor of Medicine of Glasgow University & Licentiate of the
& Physicians & Surgeons Glas
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 9 Argyle Street
Greenock
Renfrew
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Lillias Macpherson, Spinster,
9 Argyle Street Greenock
and that
the said Lillias Macpherson is a (5) Person
& insane not idiot
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Was in a violent state
when seen in her conversation; subject to delusions
& speaks to people long dead; threats her mother
of obscene language — the whole is quite incoherent.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Was
violent, bitten her attendants; often passes her
Night when not supplied with drink; is frequently
& passes nights without sleep. —

Informant Mrs Neil
Willow, 9 Argyle

(SIGNED) *Name and Medical Designation,* J. F. Paton M.D.

Place of Abode, Ormidale Cottage, Greenock.

DATED this 5th day of February One thousand eight hundred and sixty. —

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 Lamont Lochhead 2 Edin? 1855
being a (1) Licentiate of the College of Surgeons
and being in actual practice as a (2) Surgeon &c
hereby certify, on soul and conscience, that I have this day, at (3) 9 Argyle Street
Greenock
Renfrew
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Lillias McPherson, Spinster
9 Argyle Street Greenock
and that
the said Lillias McPherson is a (5) person of unsound
mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Was introduced when I
Lochhead and in a few minutes she was addressing me as Dr Anderson.
said she felt unhappy in her present state and wished to be at home
mother who is also her father, has been dead many years. Said she saw her
Last night and forcibly her spirit. Thought she may have seen her father also — Has a violent
symptoms marked symptoms. irritation a child who was present — Contradicts herself —

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
By Mrs Neil 9 Argyle St — Tears her clothing — Uses offensive
Filthy habits — Strikes the servant while the latter is assisting
with her &c &c.

(SIGNED) *Name and Medical Designation,* Jas. L. Lochhead M.D.

Place of Abode, 11 Bank St.

DATED this 8th day of February One thousand eight hundred and Sixty

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, Hugh Lyon Clement (2) Sheriff Substitute
of the (3) County of Renfrew having had produced to me, with a Petition at the instance of (4) James Macpherson residing in London
Certificates under the hands of James Fraser Patton
and James Lamont Lockhead, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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)
Lilias Macpherson and that the said
Lilias Macpherson 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 Lilias Macpherson as a Patient into the (7) Public 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 Lilias Macpherson which accompanied the said Petition.

(SIGNED) H. L. Clement

DATED this 6th day of February One thousand eight hundred and Sixty years.

To the Superintendent of the (8) Public Asylum of Dumfries

---

(2) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(3) State whether a County or Stewartry.
(4) Insert Name and Designation.
(5) Describe him, and if a Pauper, state so.
(6) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(7) Public, District, or Private.
(8) Public, District, or Private.

844
Lillias Macpherson
1872/60

(†) Serf or Peasant. (‡)
(‡) Slave or Slavery.

(*) The date of the
Petition must be with-
in fourteen clear days
following the form of
the Medical Certificate.

1. Christian Name and
length, .

2. Sex and Age,

3. Married, Single, or

4. Condition of Life,
(if any),

5. Religious Persuasion

6. Previous Place of

7. Ploughshare Found

8. Length of time In

9. Whether first Attac

10. Age (if known) at

11. When and where
tion and Treat

12. Duration of existi

13. Supposed Cause,

14. Whether subject to

15. Whether Suicidal,

16. Whether Dangerou

17. Parish or Union to
Pauper) is Char

18. Christian Name
Abode of near
Patient, and
known), and w
Family known
case, .

19. Special circumstan
insertion of any

I certify, that,

DATED this

Lunacy Board,—D

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) Shire of Dumfries *and his Substitutes,*—The Petition of William Dowie Inspector of Glenluce humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Bell is at present in a state of Mental Derangement, and 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 Bell to the Northern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) William Dowie, Insp. Pol. Glenluce

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

DATED this 5th (2) day of February one thousand eight hundred and sixty

STATEMENT.

If any 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 Bell
2. Sex and Age,	Male - 20 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	a pauper - no occupation.
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	Whithorn, where at present in Night Jail.
7. Place where Found and Examined,	Whithorn & Wigtown.
8. Length of time Insane,	from Birth
9. Whether first Attack,	Returns of Insane from Birth.
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,	
16. Whether Dangerous to others,	He has epileptic manifestations very violent & sexual perversities particularly towards boys when he has sometimes attacked, with this object
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Glasserton Parish 3 county of Wigtown N.B.
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	John Bell, Whithorn ^labourer is alexander's father - no other member of his family known to have been insane
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. Parish Church Manse Whithorn

(SIGNED)* Name, William Dowie Inspector

DATED this fifth day of March one thousand eight hundred and sixty.

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1240.

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, Dunbar White being a (1) Graduate in Medicine of Edin^r University & Licentiate of Royal Coll^e of Surgeons Edin^r and being in actual practice as a (2) Physician & Surgeon 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) Alexander Bell, a pauper, at present lodged in the Jail of Wigtown and the said Alexander 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. Facts indicating Insanity observed by myself: (6) Expression of Countenance vacant – limited use of speech – great deficiency of intellect – Unable to converse on ordinary matters – attempting to engage him in Conversation on Religious matters –

2. Other facts (if any) indicating Insanity communicated to me by others: (7) By his Jailer – that his delicacy, patiently ornamental unsoundness is congenital – that at the age of 10 or 12 yrs his speech was nearly inarticulate & could not utter persons yrs of the Christian name of person he was most intimate with – that he is incapable of education – never could learn a single letter of the Alphabet, or be taught any useful occupation – or even to button his clothes –

(Signed) Name and Medical Designation, Dunbar White

Place of Abode, Wigtown

Dated this 24th day of February One thousand eight hundred and sixty

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, Samuel Snowdon being a (1) Graduate of the Univ^ty of Edinburgh, & and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the Prison of Wigtown in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Alexander Bell, a Pauper and the said Alexander 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. Facts indicating Insanity observed by myself: (6) Expression of Countenance vacant, Answers cautious & evasive, since his imprisonment in the Gaol of Wigtown, I perceive from the Jailor & others who have been under my treatment –

2. Other facts (if any) indicating Insanity communicated to me by others. (7) No other but those I have elicited at the trial.

(Signed) Name and Medical Designation, Samuel Snowdon M.D.

Place of Abode, Wigtown N.B.

Dated this 29th day of February one thousand eight hundred and sixty

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in case 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, (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 you to receive the said as a Patient into the (6) Asylum of and I authorise 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) _____

DATED this day of one thousand eight hundred and

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

756
Alexander Bell
9/2/60

I Macduff Rhind Esquire, Advocate Sheriff Substitute of Ross-shire having on the twenty fourth day of February Eighteen hundred and sixty, taken evidence within the Court House of the Burgh of Wick-town of the condition of Alexander Bell the son of and lately residing with John Bell, labourer residing in the Royal Burgh of Whithorn and which Alexander Bell is presently a prisoner in the Prison of Wick-town in terms of a Deliverance dated the Seventeenth day of February aforesaid proceeding upon a Petition presented to me by George Cowper Bluck, Writer in Wick-town Procurator Fiscal of Court for the Public interest against the said Alexander Bell in terms of the eighty fifth Section of the Statute twentieth and twenty first Victoria Capud Seventy one intituled "an Act for "the Regulation of the care and treatment "of Lunatics and for the Provision, Main-"-tenance and Regulation of Lunatic Asylums "in Scotland", and advertisement following thereon; and being satisfied that the said Alexander Bell is a Lunatic and threaten-ing

A. Rhind

-ing to be dangerous, Do hereby Authorise you to receive the said Alexander Bell into the Southern Counties Asylum or Royal Crichton Institution for Lunatics at Dumfries to which Asylum he is hereby Committed therein to be detained until cured, or until caution shall be found for his safe custody, and I authorise his transmission to the said Asylum accordingly and I transmit you herewith two medical Certificates by Dunbar White M. D. Whithorn and Samuel Snowdon M. D. Wigtown, being two medical persons duly qualified in terms of the said Act, of the said Alexander Bells condition and a Statement regarding the said Alexander Bell prepared by Mr William Downie Inspector of the Poor for the Parish of Glasserton, which accompanies said Certificates.-

Dated this Seventh day of March, one thousand eight hundred and Sixty.-

A. Monteith

To the Superintendent of the Crichton Royal Institution Dumfries

456

Alexander Bell
9/3/60

Warrant

By

The Sheriff Substitute of Wigtownshire

For Removal

of

Alexander Bell, a dangerous Lunatic, in Wigtown Prison,

To

The Royal Institution (Crichton), or Southern Counties Asylum, Dumfries,

7 March 1860.

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) County of Dumfries *and his Substitutes,—*

The Petition of John Little

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Gorrie Thornburn is at present in a state of Mental Derangement, and 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 Gorrie Thornburn to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) John Little

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

DATED this Eleventh (3) day of March one thousand eight hundred and sixty

STATEMENT.

If any 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 Gorrie Thornburn
2. Sex and Age,	Male — Sixty six
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Sojourned near Annan
7. Place where Found and Examined,	Found in Annan & Examined there and in Dumfries
8. Length of time Insane,	20 years
9. Whether first Attack,	No
10. Age (if known) on first Attack,	Supposed 40
11. When and where previously under Examination and Treatment,	In Paris & Dumfries
12. Duration of existing Attack,	3 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. Christian Name 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,	Wm Thirk Teacher Annan a cousin Several of the family have been similarly affected
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 Little

DATED this Eleventh day of March one thousand eight hundred and sixty

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1200.

Dumfries Asylum 1860

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.*

I, the undersigned, Thomas Williamson Sinclair being a (1) Licentiate of the Royal College of Surgeons of Edinburgh 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) James Johnston Thorburn Merchant Annan and that the said James Johnston Thorburn 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.:—

(4) *Insert 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) Delusions &c

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) That he says that he is sent to the Court to represent it.

(SIGNED) *Name and Medical Designation,* Thos Williamson Sinclair Surgeon

Place of Abode, Annan

DATED this Eleventh day of March One thousand eight hundred and Sixty

MEDICAL CERTIFICATE, No. II.

(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.*

I, the undersigned James Gilchrist MD 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) Dalbeattie Combietonhouse in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Johnston Thorburn a Surgeon Calls president Mess Annan and that the said James Johnston 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.:—

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

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is excited and speaks incoherently

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

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

(SIGNED) *Name and Medical Designation,* James Gilchrist MD

Place of Abode, Crichton House Dumfries

DATED this fourteenth day of March one thousand eight hundred and Sixty

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 James Gorston Thorburn is a (1) Lunatic hereby further certify that the Case of the said James Gorston Thorburn is One of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

Name, Wm Williamson Surgn

Place of Abode, Annan

DATED this Eleventh day of March one thousand eight hundred and Sixty.

(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 Edgerton Irvine (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Little Certificates under the hands of Thomas Williamson and James Gilchrist — , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Gorstorn Thorburn, a Surgeon — and that the said James Gorstorn Thorburn is a (5) Lunatic & of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Gorstorn Thorburn as a Patient into the (6) Public Asylum of Dumfries Counties Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Gorstorn Thorburn which accompanied the said Petition.

(SIGNED) John Little

DATED this Fourteenth day of March one thousand eight hundred and Sixty Years

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

75-4
James J. Thorburn
11/2/60

Unto the Honourable the SHERIFF of Dumfriesshire and his Substitutes :—

The Petition and Complaint of ALEXANDER YOUNG, Procurator-Fiscal of Court for Her Majesty's Interest,

HUMBLY SHEWETH,

That on 20th March 1860 in or near the House at Quaas in the parish of Dryfesdale & County of Dumfries occupied by James Richardson Labourer, David Richardson his Son who resides in family with him did attack and assault the said James Richardson and did strike him one or more blows with a stick which was then in use whereby he was bruised and otherwise injured

That the accused David Richardson has been deaf & dumb for thirteen years bygone & thereby and is now about twenty years of age And there is reason to fear that he is insane and that it is dangerous to allow him to remain at large & it shall be found on Enquiry that his mind is in the state before mentioned

May

* To be signed by the Party applying.

P. p.

May it therefore please your Lordships to grant Warrant to Officers of Court and their Assistants to apprehend the said

David Richardson

and bring him before you for examination, thereafter to be dealt with according to Law, and also to cite Witnesses to be precognosced anent the crime charged in common form. And also to cause the necessary Enquiries to be made in regard to the state of his mind

According to Justice
A. Rae Young

Dumfries, 21st March 1860.—Grants Warrant as craved.

Hor Ramsay

Dumfries 21 March 1860. Having again Considered this Petition & Complaint and seen and examined to Converse with David Richardson Complained of Grant Warrant for his transmission to the Southern Counties Asylum near Dumfries there in to be detained until again advising when the state of mind of the said David Richardson shall have been fully ascertained

Hor Ramsay

efore please your Lordships to
rrant to Officers of Court and
istants to apprehend the said

d Richardson

before you for examina-
eafter to be dealt with according
and also to cite Witnesses to be
oed anent the crime charged in
form.

ordingly to Justice

—Grants Warrant as craved.

* To be signed by the Party applying.

P. p.

754

768
David Richardson
21/3/60

PETITION AND COMPLAINT,

THE PROCURATOR-FISCAL.

v.

David Richardson

21 March 1860.

A Scott

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 or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Steward *of the* (*) Stewartry of Kirkcudbright *and his Substitutes,—*

The Petition of The Inspector of Poor of Minnigaff humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Blain, wife of Wm Lamont is at present in a state of Mental Derangement, and 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 Lamont to the Crichton Royal Asylum and to sanction her admission into the said Asylum.

(SIGNED) George Aledcoth

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

DATED this Twenty First (*) day of March One thousand eight hundred and Sixty Years

---

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Margaret Lamont
2. Sex and Age,	Female, 45
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Labouring man's wife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	
7. Place where Found and Examined,	Bearsleeraig in Minnigaff
8. Length of time Insane,	About a month at present
9. Whether first attack,	No
10. Age (if known) on first Attack,	Twenty Eight at first attack
11. When and where previously under Examination and Treatment,	Crichton Royal Asylum
12. Duration of existing Attack,	About a month
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Minnigaff, but she is not a pauper properly so called
18. Date of becoming Chargeable,	21st March 1860
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 Lamont, 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.

(SIGNED)* *Name,* George Aledcoth

DATED this Twenty Second day of March One thousand eight hundred and Sixty

* To be signed by the Party applying.

F. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, 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) Blantyre in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Margaret Lamont a pauper and that the said Margaret Lamont is a (5) person of unsound 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) Her habits of life are quite changed.
(2) She is in a constant state of nervous excitement.
(3) Her answers to commonest questions are absurd.

(6) *State the facts.*

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

Her husband informed me that she has frequent attacks of excessive passion & can scarcely be restrained from injury to herself and others. Many of her neighbours have also mentioned this to me.

(SIGNED) *Name and Medical Designation,* James More MD Ed

Place of Abode, Renton Stewarton

DATED this 21st day of March One thousand eight hundred and sixty-

(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 Practitioner, visited and personally examined (4) and that 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) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

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

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

(4) *Insert 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.*

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

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

(SIGNED) *Name and Medical Designation,*

Place of Abode,

DATED this day of One thousand eight hundred and

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 Margaret Lamont is a (2) person of unsound mind hereby further certify that the Case of the said Margaret Lamont is One of Emergency, and I recommend the immediate removal of the said Margaret Lamont to an Asylum accordingly.

Name, James More M.D. Edin 1857

Place of Abode, Kirkton Stewart

DATED this 21st day of March One thousand eight hundred and sixty

(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 Aymers Dunbar, Steward-Substitute of the (1) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (1) George C. Scott, Inspector of Poor, of the Parish of Minnigaff, Certificates under the hands of James More M.D. ~~a licensed~~ Medical Person and ——— duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Lamont, a Pauper and that the said Margaret Lamont 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 Lamont as a Patient into the (6) Stewartry Asylum of Dumfries and I authorize (7) Her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Lamont which accompanied the said Petition.

(SIGNED) W. A. Dunbar

DATED this Twenty third day of March One thousand eight hundred and Sixty.

To the Superintendent of the (7) Stewartry 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.

459

Margaret Blair or Lamond

28/3/60

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) County of Inverness and his Substitutes,—

The Petition of C. M. Macfarlane, Inspector of Poor of the Parish of Kilmorack humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Anthon Shillon, 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 Anthon Shillon to the Auchterarder Royal Institution and to sanction his admission into the said Asylum.

(SIGNED) C. M. Macfarlane.

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

DATED this Twenty Fourth (3) day of March one thousand eight hundred and Sixty

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Anthon Shillon
2. Sex and Age,	Male 46 years.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Blacksmith
5. Religious Persuasion, so far as known,	R. C. Church
6. Previous Place of Abode,	Kilmorack Village, Muchirn Parish
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	About a week.
9. Whether first Attack,	Yes.
10. Age (if known) on first Attack,	About 42
11. When and where previously under Examination and Treatment,	No Examination or Treatment
12. Duration of existing Attack,	About a week
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,	Abernethy Perthshire
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,	Ann Mc Jenkie, Wife Andrew Shillon Shoemaker Inverness Son Sarah Chalmers or Shillon, Kirkhouse Sister. None.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(SIGNED)* Name, C. M. Macfarlane

DATED this Twenty Fourth day of March one thousand eight hundred and Sixty

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1566.

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 McCormack being a (1) Member of the Royal College of 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) Ebrig village in the Parish of Kilmacolm in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Anthon Shillon Brookfield Ebrig village and that the said Anthon Shillon is a (5) person of unsound 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) Want of association of Ideas Incoherency of speech and a considerable nervous excitement

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Trying to set fire to his own house & making an assault on his wife, and threatening to stab those in charge of him

(SIGNED) *Name and Medical Designation,* James McCormick

Place of Abode, Portwilliam

DATED this twenty first day of March One thousand eight hundred and sixty.

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, Samuel Snowdon 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) Wayfoot Bridge in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Anthon Shillon Brookfield and that the said Anthon Shillon is a (5) person of unsound 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) 1st He talks incoherently — 2nd Want of association of Ideas 3rd He presents a telepathic

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Almost impossible to restrain Chinese attempts to bite those who give him food — these facts were communicated to me by persons of trust

(SIGNED) *Name and Medical Designation,* Samuel Snowdon

Place of Abode Wayfoot

DATED this twenty fourth day of March one thousand eight hundred and sixty four

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 Anthon Shillon is a (1) person of unsound mind hereby further certify that the Case of the said Anthon Shillon is One of Emergency, and I recommend the immediate removal of the said Anthon Shillon to an Asylum accordingly.

Name, James McCormick

Place of Abode, Portwilliam

DATED this twenty first day of March one thousand eight hundred and sixty.

(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 Murray, Esquire, — (1) Sheriff Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) D. M. Macfarlane Inspector of Poor Certificates under the hands of James McCormick Surgeon and Samuel Snowdon 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) Anthon Shillon pauper and that the said Anthon Shillon 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 Anthon Shillon as a Patient into the (6) Crichton ~~Asylum of~~ 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 Anthon Shillon which accompanied the said Petition.

(SIGNED) Thos Murray

DATED this twenty fourth day of March one thousand eight hundred and sixty years

To the Superintendent of the (7) Crichton 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, or Private.
(7) Public, District or Private.

(*) Sheriff or Steward. (†) Size or Stewartry.

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

1. Christian Name and length, .

2. Sex and Age,

3. Married, Single, or

4. Condition of Life, (if any),

5. Religious Persuasion

6. Previous Place of

7. Place where Found

8. Length of time Insane

9. Whether first Attack

10. Age (if known) on

11. When and where previous and Treatment

12. Duration of existing

13. Supposed Cause,

14. Whether subject to

15. Whether Suicidal,

16. Whether Dangerous

17. Parish or Union to Pauper) is Chargeable

18. Christian Name and Abode of nearest Relative, Patient, and (if known), and whether Family known by that name, .

19. Special circumstances or insertion of any

I certify, that,

Dated this

Lunacy Board, 1857.

9/60
Dalton Hillcrest
24/3/60

20 & 21 *Vict., Cap.* 71, *Sect.* 84.

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 *and his Substitutes,—*

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Bailey or Devine is at present in a state of Mental Derangement, and 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 Bailey or Devine to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) John Dinwoodie Inspector

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

DATED this Second (3) day of April one thousand eight hundred and Sixty

STATEMENT.

If any 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 Bailey or Devine
2. Sex and Age,	Female – 38 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Married Poor. Milliner
5. Religious Persuasion, so far as known,	Episcopalian
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	About Eighteen Months more or less
9. Whether first Attack,	First attack –
10. Age (if known) on first Attack,	About 37
11. When and where previously under Examination and Treatment,	never before
12. Duration of existing Attack,	about Eighteen 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,	Dumfries
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,	None
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	Not Exactly Known

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

(SIGNED)* *Name,* John Dinwoodie Inspector

DATED this Second day of April one thousand eight hundred and Sixty

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1200.

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.*

I, the undersigned, William Marshall being a (1) Licentiate of the Faculty of Physicians Surgeons Glasgow and College of St Andrews and being in actual practice as a (2) Physician &c hereby certify, on soul and conscience, that I have this day, at (3) Fullads Co Dumfries in the County of Dumfries separately from any other Medical Practitioner

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

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

visited and personally examined (4) Margt Bailey or Downie and the said Margt Bailey or Downie 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 imagines that the neighbours and others in the street are constantly watching her and she feels greatly excited and distressed when

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

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

Much the same as above

(SIGNED) *Name and Medical Designation,* William Marshall MB

Place of Abode Buccleuch Street Dumfries

DATED this 6th day of April One thousand eight hundred and Sixty 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.*

I, the undersigned, Patrick Murray being a (1) Graduate of Edinburgh University Physician in Dumfries and being in actual practice as a (2) Physician in Dumfries hereby certify, on soul and conscience, that I have this day, at (3) Dumfries in the County of Dumfries separately from any other Medical Practitioner

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

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

visited and personally examined (4) Margaret Bailey or Downie and the said Margaret Bailey or Downie is a (5) Insane person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Great excitement Margaret imagines Bailey's connected with persons in the street, may Person's summons &c not taken

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

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

Has been Jealous, absorption to the people, with any thoughts by Bailey

(SIGNED) *Name and Medical Designation,* Patrick Murray MB

Place of Abode 22 Buccleuch St Dumfries

DATED this 29th day of March one thousand eight hundred and 60

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. 1., 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 Alexander Hannay Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of John Dill; Wood Inspector of Poor of Dumfries Certificates under the hands of William Mackenzie M.D and Patrick Murray, 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) Margaret Bailey or Davies, a pauper in Dumfries and that the said Margaret Bailey or Davies 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 Margaret Bailey or Davies as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Bailey or Davies which accompanied the said Petition.

(SIGNED) Alex Hannay

DATED this Second day of April one thousand eight hundred and Sixty four

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.

(†) Sheriff or Steward.
(‡) Mayor or Town Clerk.

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

1. Christian Name and length,
2. Sex and Age,
3. Married, Single, or
4. Condition of Life (if any),
5. Religious Persuasion
6. Previous Place of
7. Place where Found
8. Length of time last
9. Whether first Attack
10. Age (if known) at
11. When and where
Son and Treasurer
12. Duration of existing
13. Supposed Cause,
14. Whether subject
15. Whether Suicidal
16. Whether Dangerous
17. Parish or Union
Pauper) is Chargeable
18. Christian Name,
Abode of the
Patient, and
known), and
Family Known
sure,
19. Special circumstances
insertion of any

I certify, that

DATED this

Surrey Road,

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) County of Dumfries *and his Substitutes,—*

The Petition of James Dinnidaw humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Dinnidaw is at present in a state of Mental Derangement, and 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 Dinnidaw to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) James Dinnidaw

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

DATED this Seventh (3) day of April one thousand eight hundred and Sixty

STATEMENT.

If any 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 Dinnidaw
2. Sex and Age,	Age Thirty
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	no occupation
5. Religious Persuasion, so far as known,	Never been a Member of any Church
6. Previous Place of Abode,	Ellerslie
7. Place where Found and Examined,	Do
8. Length of time Insane,	Two months
9. Whether first Attack,	No
10. Age (if known) on first Attack,	about Twenty four
11. When and where previously under Examination and Treatment,	In the Southern Counties Asylum.
12. Duration of existing Attack,	Two Months
13. Supposed Cause,	Injury of head in Childhood (Fractured Scull)
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	occasionally
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	not a pauper
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	James Dinnidaw Cargilda Kirkmahoe Brother No other member of the family known to be insane
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,* James Dinnidaw

DATED this Seventh day of April one thousand eight hundred and Sixty

* 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, James Little being a (1) Registered Surgeon Educated in Edinburgh Glasgow Licensed London Medical Act and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Gillesbie in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Dinwiddie and that the said John Dinwiddie 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)

From his general demeanour & appearance
General demeanour morose, sullen, uncommunicative, uncompanionable

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

(Signed) *Name and Medical Designation,* James Little, Surgeon

Place of Abode, Kirkton, Kirkmahoe

Dated this Seventh day of April One thousand eight hundred and Sixty

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 Gibson MD being a (1) Graduate of the University of Edinburgh Physician and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Northern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Dinwoodie lately residing at Ellisle and that the said John Dinwoodie is a (5) Person of unsound 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 depressed, restless and cautious & from his speech it is with much hesitation

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

(Signed) *Name and Medical Designation,* James Gibson MD

Place of Abode, Kirkton House

Dated this 8th day of April one thousand eight hundred and sixty.

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 John Dinwiddie is a (1) Lunatic hereby further certify that the Case of the said John Dinwiddie is One of Emergency, and I recommend the immediate removal of the said John Dinwiddie to an Asylum accordingly.

Name, James Lotte, Surgeon

Place of Abode, Kirkton - Kirkmahoe

DATED this Seventh day of April one thousand eight hundred and Sixty.

(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 Dickson Trotter Esquire Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Dinwiddie Ellerslie Certificates under the hands of James Lotte and James Reckie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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 Dinwiddie residing at Ellerslie and that the said John Dinwiddie 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 John Dinwiddie as a Patient into the (5) Public Asylum of Southern Counties Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Dinwiddie which accompanied the said Petition.

(SIGNED) J. D. Trotter.

DATED this Seventh day of April one thousand eight hundred and Sixty

To the Superintendent of the (6) 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.

A

Hu

4

Unto the Honourable the SHERIFF of Dumfriesshire and his Substitutes :—

The Petition and Complaint of ALEXANDER YOUNG, Procurator-Fiscal of Court for Her Majesty's Interest,

HUMBLY SHEWETH,

That on 9th April 1860 a man calling himself Christopher Higgins a Stone-Cutter from Armagh in Ireland and evidently quite insane entered the farm house at Pantethill in the parish of Kirkmahoe where he remained for nearly two hours refusing to leave and when ejected therefrom he secured the door of said house on the outside with ropes staves & pickets & stones to throw at David Brunton the tenant of said farm and did cause two ropes as if to assail him or to defend himself from attack by all which the said David Brunton and the members of his family were thrown into a state of fear and alarm for their safety

May

* To be Signed by the Party applying.

Lunacy Board,—Dec.—17—1859.

4

May it therefore please your Lordships to grant Warrant to Officers of Court and their Assistants to apprehend the said Christopher Higgins

and bring him before you for examination, thereafter to be dealt with according to Law, and also to cite Witnesses to be precognosced anent the crime charged in common form.

According to Justice
Alex Young

Dumfries, 9 April 1860.—Grants Warrant as craved
John Ritchie

Dumfries 9 April 1860 Having again Considered this Complaint precognition taken thereanent and deliberated conversed with Christopher Higgins Complained of Grants warrant for his detention in the Southern Counties Asylum near Dumfries for safe Keeping and until again advising
John Ritchie

refore please your Lordships t
Warrant to Officers of Court an
ssistants to apprehend the said
topher Higgins

ugh— before you for examina
reafter to be dealt with according
and also to cite Witnesses to b
osed anent the crime charged i
form.

rding to Justice

—Grants Warrant as craved

ing again Considered
recognition taken
conversed
Higgins Complained
to for his detention
ities asylum seek
safekeeping and
losing

* To be Signed by the Party applying.

Lunacy Board.—Dec.—27.—1888.

4

963

963
Christopher Higgins
9/4/60

963
Christopher Higgins
9/4/60

PETITION AND COMPLAINT,

THE PROCURATOR-FISCAL.

v.

Christopher Higgins

6 April 1860

Turnbull

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

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 (*) Sheriff *of the* (*) County *of* Dumfries *and his Substitutes*—

The Petition of John Lowden Inspector of Poor Ure

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Gass or Ferguson is at present in a state of Mental Derangement, and 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 Gass or Ferguson to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) John Lowden Inspector

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

DATED this twelfth (*) day of April one thousand eight hundred and Sixty 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 Gass or Ferguson
2. Sex and Age,	Female aged 52 Years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Estabished Church
5. Religious Persuasion, so far as known,	Meike Richorn
6. Previous Place of Abode,	Auchenimmers
7. Place where Found and Examined,	a few months
8. Length of time Insane,	Second attack
9. Whether first Attack,	44 Years
10. Age (if known) on first Attack,	Eight years ago at Dalbeattie
11. When and where previously under Examination and Treatment,	a few months
12. Duration of existing Attack,	Cankrit Lay
13. Supposed Cause,	no
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	Ure parish
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	James Ferguson Auchenimmers husband
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,	No relation ever known to have been insane
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 Lowden Inspector

DATED this twelfth day of April one thousand eight hundred and Sixty years

* To be Signed by the Party applying.

Lunacy Board.—Dec.—37—1860.

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.

(6) *State the facts.*

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

I, the undersigned, John Paterson Lewis M.
being a (1) Graduate of the University of Glas
and being in actual practice as a (2) general practitioner,
hereby certify, on soul and conscience, that I have this day, at (3) Auchenvoim
in the Parish of Urr; and in the County of
Kirkcudbright, separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Gass or Ferguson
and that
the said Elizabeth Gass or 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. Facts indicating Insanity observed by myself: (6) Nervous, excitable
expression of countenance, rambling incoherent in
conversation; frequently loosing herself in the middle of a sen
tence unable to remember what she has previously sa
great tendency to connect or apply Bible quotations in conversa

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

(Signed) *Name and Medical Designation,* John Paterson Lewis M.

Place of Abode Dalbeattie

Dated this 12th day of April One thousand eigh
hundred and Sixty

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, Thomas Mackenzie
being a (1) Member of the Royal College of Phys
in Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Auchenvoim
in the Parish of Urr in the ~~County~~
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Gass or Ferguson
wife of Ferguson Auchenvoim Farmer and tha
the said Elizabeth Gass or Ferguson is a (5) Lunatic
and a proper person to be detaine
under Care and Treatment, and that I have formed this opinion upon the followin
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) That the Husband
Husband has committed Sodomy with her son and has often stayed
That she thinks he intends killing her own in consequence she has
sleeps on the floor in the same room as her Husband and son
self-harm from violence, the Incarceration is incoherent and

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her husband stole the Sheep and imprisoned
also the Inspector of Poor that he thinks
was fit subject for lunacy and is unsafe

(Signed) *Name and Medical Designation,* Thomas Mackenzie

Place of Abode Dalbeattie

Dated this 13th day of April one thousand eig
hundred and 60

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 is One of Emergency, and I recommend the immediate removal of the said
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 Pitcairn Fowler 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 Wm. Kirkconnell
Certificates under the hands of John Patterson Lewis M. D.
and Thomas Mackenzie 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)
Elizabeth Gass or Ferguson Mackenzieland Mr. upon and that the said
Elizabeth Gass or Ferguson is a 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 Elizabeth Gass or Ferguson as a Patient into the (5) Public Asylum of Southern Counties 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 Elizabeth Gass or Ferguson which accompanied the said Petition.

(SIGNED) John P Fowler

DATED this Fourteenth day of April one thousand eight hundred and Sixty

To the Superintendent of the (6) Public
Asylum of Southern Counties Dumfries

---

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

364
Elizabeth Hopkins or Hopkins
13/4/60

20 & 21 *Vict., Cap.* 71, *Sect.* 54.

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 and his Substitutes.—

The Petition of John Dinwoodie, Inspector of Poor for the Parish of Dumfries,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Mitchell, Dumfries Poorhouse is at present in a state of Mental Derangement, and 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 Mitchell to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) John Dinwoodie Insper

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

DATED this Twenty-third (3) day of April one thousand eight hundred and Sixty

STATEMENT.

If any 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 Mitchell
2. Sex and Age,	Male — 60 years
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	Labourer or Stockingmaker
5. Religious Persuasion, so far as known,	Presbyterian —
6. Previous Place of Abode,	Maxwelltown
7. Place where Found and Examined,	Dumfries — Poorhouse
8. Length of time Insane,	Not accurately known
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	about 60, supposed
11. When and where previously under Examination and Treatment,	Dumfries Poorhouse,
12. Duration of existing Attack,	Not known
13. Supposed Cause,	Supposed to be from a Shock of Paralysis
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. Christian Name 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,	No
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	Not accurately known

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

(SIGNED)* Name, John Dinwoodie Insper

DATED this Twenty-third day of April one thousand eight hundred and Sixty

* To be Signed by the Party applying.

Lunacy Board. — Dec.—37.—1200.

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 Glasgow and College of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Workhouse Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Mitchell and that the said James 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) His recollection at the present and for some time past seems entirely gone

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

Not since he has been under my care for the last six weeks at the Workhouse

(Signed) *Name and Medical Designation,* William Marshall

Place of Abode, Buccleuch Street Dumfries

Dated this 19th day of April One thousand eight hundred and Sixty 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 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) the Workhouse in the parish of Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Mitchell a Pauper and that the said James Mitchell is (5) 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.:—

1. Facts indicating Insanity observed by myself: (6) by inspection of his countenance the complete change in his manner - almost total loss of memory as relates to individuals, time, or facts he ought to be aware

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

The Governor of the Workhouse and several of the Inmates have made he ate his own excrements. and did so during my regard to their presence

(Signed) *Name and Medical Designation,* Wm Scott A M &c

Place of Abode, Dumfries

Dated this 21st day of April one thousand eight hundred and Sixty

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 Pitcairn Frotter, Esquire Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Dixon Goodie, Inspector of Poor Dumfries Certificates under the hands of William Mackenzie M. D. and William Low, 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) James Mitchell, Dumfries Poorhouse and that the said James Mitchell is a (5) Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Mitchell as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Mitchell which accompanied the said Petition.

(SIGNED) John P. Frotter

DATED this 23d day of April one thousand eight hundred and Sixty

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.

No 5
James Mitchell
24/4/60

(†) Sheriff or Steward.
(‡) Rate or Stewardry.

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

1. Christian Name and Sur
length,
2. Sex and Age,
3. Married, Single, or Wido
4. Condition of Life, and
(if any).
5. Religious Persuasion, w
6. Previous Place of Abod
7. Place where Found and
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first
11. When and where previo
tion and Treatment,
12. Duration of existing Att
13. Supposed Cause,
14. Whether subject to Epil
15. Whether Suicidal,
16. Whether Dangerous to
17. Parish or Union to whi
Pauper) is Chargeable
18. Christian Names and Su
Abode of nearest kin
Patient, and degree
known), and whether
Family known to be
soon,
19. Special circumstances (if
insertion of any of th

I certify, that, to the

DATED this 27

Lunacy Board.—Form.—2

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) Thirsff *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of William Cuthbertson Hunter Cameron

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Joseph Olivier my Stepson is at present in a state of Mental Derangement, and 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 Olivier to the Dumfries Galloway Asylum and to sanction his admission into the said Asylum.

(SIGNED) Wm Cuthbertson

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

DATED this 25th (3) day of April one thousand eight hundred and ~~sixty~~ eighty

STATEMENT.

If any 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 Olivier
2. Sex and Age,	Male 30
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Artillery man Hunter &c
5. Religious Persuasion, so far as known,	R. C. Church
6. Previous Place of Abode,	Canada
7. Place where Found and Examined,	Canada
8. Length of time Insane,	~~from to~~ About 18 years
9. Whether first Attack,	No
10. Age (if known) on first Attack,	About fifteen
11. When and where previously under Examination and Treatment,	In Dumfries Galloway Asylum
12. Duration of existing Attack,	About four months
13. Supposed Cause,	Drink —
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	~~No~~ Doubtful
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Wm Cuthbertson Stepfather &c Not known
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,* Wm Cuthbertson

DATED this 25th day of April one thousand eight hundred and ~~sixty~~ eighty

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1200.

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 Ewart being a (1) Licentiate of the Royal College of Surgeons in Edinburgh and being in actual practice as a (2) Surgeon in Annan hereby certify, on soul and conscience, that I have this day, at (3) Annan in the House of Mr Cuthbertson, Painter in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Joseph Oliver residing with Mr Cuthbertson Artillery Man and that the said Joseph Oliver is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 affect appearance & incoherency.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) ~~Mr Cuthbertson Mr Ewart~~ am told by several parties that he threatened and has attempted to strike, and the fact that when in a sensible state about a year ago, having made two or three attempts at self destruction. X

(SIGNED) *Name and Medical Designation,* Wm Ewart, Surgeon

Place of Abode, Annan

DATED this twenty fourth day of April One thousand eight hundred and Sixty

X has already been in the Southern Counties Asylum, and is averse of Contrary to the wish of the Physician

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 Licentiate of Royal Coll of Surg of Edin (1) ~~Physician~~ and being in actual practice as a (2) Surgeon in Annan hereby certify, on soul and conscience, that I have this day, at (3) Annan the house of Mr Cuthbertson Painter in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Joseph Oliver residing with Mr Cuthbertson Artillery man and that the said Joseph Oliver is a (5) person of unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) ~~Mr Ewart~~ appearance & incoherency

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7) I am told by Mr Cuthbertson that he threatens all persons, and by John Foster that this morning Joseph Oliver told him that he comes home his keeper & would do it with poker

(SIGNED) *Name and Medical Designation,* Thomas Williamson

Place of Abode, Annan

DATED this twenty fourth day of April one thousand eight hundred and Sixty.

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 Pitcairn Fyfe, Esquire Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Cuthbertson, Printer in Annan Certificates under the hands of William Ewart, Surgeon and Francis Williamson 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) Joseph Oliver, residing with Applicant and that the said Joseph Oliver 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 Joseph Oliver as a Patient into the (5) Public Asylum of Southern Counties Dumfries and I authorise the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Joseph Oliver which accompanied the said Petition.

(SIGNED) John Fyfe

DATED this 25th day of April one thousand eight hundred and Sixty

To the Superintendent of the (6) 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.

No 466
Joseph Olsen
25/4/60

(f) Sheriff or Steward.
(g) Rate or Stewartry.

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

1. Christian Name and S
length,
2. Sex and Age,
3. Married, Single, or W
4. Condition of Life, an
(if any),
5. Religious Persuasion,
6. Previous Place of Abo
7. Place where Found a
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on fir
11. When and where pre
tion and Treatment
12. Duration of existing A
13. Supposed Cause,
14. Whether subject to Ep
15. Whether Suicidal,
16. Whether Dangerous t
17. Parish or Union to w
Pauper) is Chargea
18. Christian Name and
Abode of nearest
Patient, and deg
known), and whe
Family known to
case,
19. Special circumstance
insertion of any o

I certify, that, to

DATED this
(k)

~~Glasgow Royal Asylum for Lunatics, Gartnavel.~~

23 & 24 ~~Vict., Cap. 71~~ *Sect.* 34.

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 (*) Sheriff *of the* (*) County of Dumfries *and his Substitutes,—*

The Petition of Dugald John Bannatyne of Eastbank near Portglasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Janet Bogle or Bannatyne his wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mrs Janet Bogle or Bannatyne to the Crichton Royal Institution Dumfries and to sanction his admission into the said Asylum.

(SIGNED) Dugald J Bannatyne

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

DATED this fourth (*) day of May one thousand eight hundred and sixty

STATEMENT.

If any 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 Bogle or Bannatyne
2. Sex and Age,	female – forty seven
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Independent –
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Eastbank
7. Place where Found and Examined,	Balhaldie House - Dumblane
8. Length of time Insane,	six weeks.
9. Whether first Attack,	second
10. Age (if known) on first Attack,	forty seven nearly
11. When and where previously under Examination and Treatment,	Last October – Eastbank of Glasgow
12. Duration of existing Attack,	six 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. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	John Bogle - Tergueg - Devonshire her brother none known.
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,* Dugald J Bannatyne

DATED this fourth day of May one thousand eight hundred and sixty

* To be Signed by the Party applying.

[4.]

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Alexander Mackichan
being a (1) Physician
and being in actual practice as a (2) Physician Balhaldie
hereby certify, on soul and conscience, that I have this day, at (3) House in the parish of Dunblane in the County of Perth separately from any other Medical Practitioner, visited and personally examined (4) Mrs Janet Boyle or Bannatyne in said Balhaldie House and that the said Mrs Janet Boyle or Bannatyne 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) violent conduct of the most unpleasantable description with delusion as to poison being in her food, the stomach being out of order, and partial suicidal intention
2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband states that she has been mentally afflicted for last six weeks — and I suppose for same time last year —

(SIGNED) Name and Medical Designation, Alexr Mackichan M.D.
Place of Abode, Stirling

DATED this third day of May One thousand eight hundred and ninety —

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, or otherwise, as the case may be.
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert 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, Andrew Buchanan M.D.
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) Balhaldie House in the parish of Dunblane in the County of Perth separately from any other Medical Practitioner, visited and personally examined (4) Mrs Janet Boyle or Bannatyne in said Balhaldie House and that the said Mrs Janet Boyle or Bannatyne 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)
1 Mrs Bannatyne refused to speak to me although well known to her assigning for reasons founded on delusion of mind — as that I had cut her throat — 2. Mrs B. was under the constant watch of her husband
2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Extravagant conduct towards the members of her family — an unreasonable aversion to her own father & her husband — Has had many children

(SIGNED) Name and Medical Designation, Andrew Buchanan M.D.
Place of Abode Balhaldie Place Glasgow
DATED this third day of May one thousand eight hundred and ninety

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 is One of Emergency, and I recommend the immediate removal of the said
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.

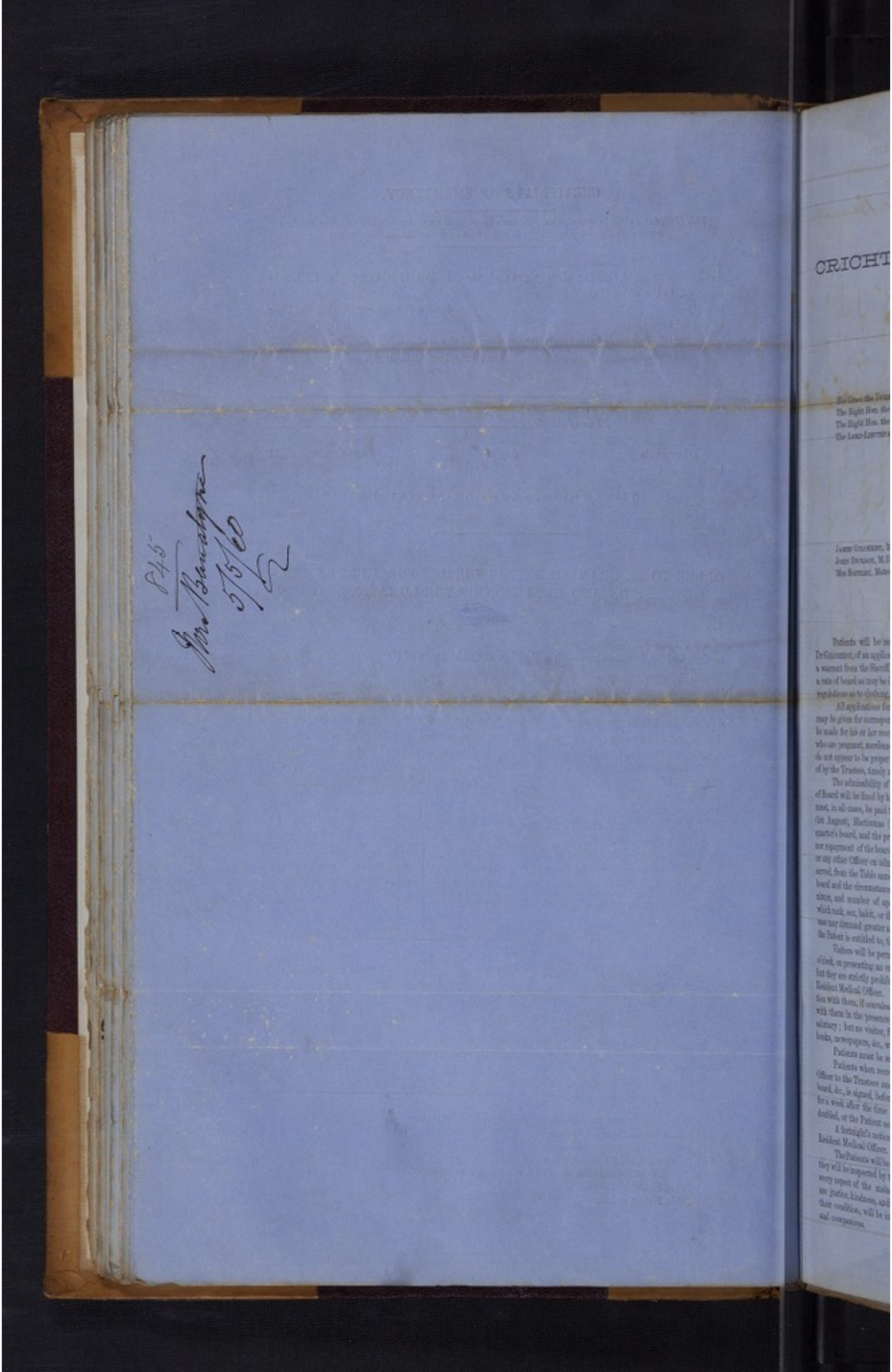
I, Wm Stevenson Justice Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Duncan Dolan Baumalynn of Eastbank near Port Glasgow Certificates under the hands of Alexander Mackintosh Thomson and Andrew Biddlecombe M.D., being two Medical Persons 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) Mrs Janet Boyle or Baumalynn in Ballindalloch House and that the said Janet Boyle or Baumalynn is a (5) Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mrs Janet Boyle or Baumalynn as a Patient into the (6) Public Asylum of Crichton Royal Institution hereof 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 Janet Boyle or Baumalynn which accompanied the said Petition.

(Signed) Wm Stevenson Justice

Dated this fifth day of May one thousand eight hundred and Eighty seven.

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



CRICHTON ROYAL INSTITUTION,

Private Department.

Trustees.

Mrs CRICHTON of Friars' Carse.
Lieut.-Colonel GRIERSON of Barndennoch.
J. MACALPINE LENY, Esq. of Dalswinton.

Extraordinary Trustees.

His Grace the Duke of Buccleuch.
The Right Hon. the Earl of Galloway.
The Right Hon. the Earl of Selkirk.
The Lord-Lieutenant of the Shire of Dumfries.
The Moderator for the County of Dumfries.
The Sheriff of the Shire of Dumfries.
The Minister of St. Michael's Church, Dumfries.

Directors.

Thomas Simpson, Esq. of Dalswoodie.
M. C. Maxwell, Esq. of Terreglies.
P. Dudgeon, Esq. of Cargen.
Thomas Stewart Gladstone, Esq. of Capenoch.
James Hotchkis, Esq., Summerville.

Officers.

James Gilchrist, M.D., Resident Physician.
John Dickson, M.D., Medical Assistant.
Mrs Softley, Matron.
Asb. Henderson, House Steward.
Mrs Ramsay, Superintendent.

R. Adamson, Esq., } Treasurers.
S. Adamson, Esq., }

Rev. G. Cowans, Chaplain.

Patients will be received on the presentation, previous to admission, to the Resident Medical Officer, Dr Gilchrist, of an application from the nearest of kin, the guardians, or local authorities; certificates of lunacy; and a warrant from the Sheriff, as required by law; also an obligation from some respectable party or parties to pay such a rate of board as may be determined upon, according to the Rules of the Institution, and to comply with all rules and regulations as to clothing, removal, and burial. These documents are annexed.

All applications for admission should be forwarded at least three days before the arrival of the Patient, that time may be given for correspondence as to whether a vacancy exists, the rate of board, &c., and that due preparation may be made for his or her reception. Patients will be admitted between 8 A.M. and 8 P.M. upon every lawful day. Patients who are pregnant, moribund, or affected with fever, contagious or incurable diseases, cannot be received; and such as do not appear to be proper objects, may be discharged on the recommendation of the Medical Officer, being approved of by the Trustees, timely notice being given to the friends or guardians.

The admissibility of Patients will be determined upon by the Medical Officer; and in the first instance the rate of Board will be fixed by him, subject, however, to be confirmed or modified by the Trustees and Directors. The board must, in all cases, be paid to the Treasurer in advance, quarterly, at the terms of Whitsunday (15th May), Lammas (1st August), Martinmas (11th November), and Candlemas (2d February); and when the Patient first enters, a full quarter's board, and the proportion of the quarter current at the time, will be required; and there will be no return nor repayment of the board so advanced. It shall include charges of all kinds; no fees being exigible by the Medical or any other Officer on admission or discharge, or at any other time, or upon any pretext whatever. It will be observed, from the Table annexed, that a difference will be made in the following particulars, according to the rate of board and the circumstances and conditions under which the individual is admitted, viz., in the situation, size, furniture, and number of apartments; in the diet; in the proportion of the attendants; and in the various luxuries which rank, sex, habit, or the state of the disease, may render necessary. At the same time, whenever the nature of the case may demand greater accommodation, the special services of an attendant, or a more expensive style of living than the Patient is entitled to, they will be granted.

Visitors will be permitted to see all parts of the House on Wednesdays, between the hours of ten and twelve o'clock, on presenting an order, signed by a Trustee, Director, or one of the Medical Officers, but at no other time; but they are strictly prohibited from seeing or mingling with Patients of any class, without the express sanction of the Resident Medical Officer. The friends or guardians of Patients will be permitted to have free and private communication with them, if convalescent, between ten and twelve o'clock every lawful day; and, in all cases, to see and converse with them in the presence of the Resident Medical Officer or Matron, should such intercourse be considered safe or salutary; but no visitor, friend, or guardian, can be allowed to convey to the Patients any article of food or dress, books, newspapers, &c., without the knowledge and approbation of the Resident Medical Officer.

Patients must be supplied with clothes by their friends or guardians.

Patients when recovered, or found to be unfit, are discharged on the representation of the Resident Medical Officer to the Trustees and Directors, but he is required to communicate with the persons by whom the obligation for board, &c., is signed, before the dismissal of any individual; should they neglect or refuse to comply with the request for a week after the time fixed for removal in the notice, the rate of board for which they are responsible will be doubled, or the Patient sent to his or her friends or guardians at their expense.

A fortnight's notice of the intention of friends or guardians to remove the Patient must be forwarded to the Resident Medical Officer.

The Patients will be visited by the Resident Medical Officer and Matron always once or twice a-day, and in general they will be inspected by these or other officers much more frequently, under every variety of circumstances, and under every aspect of the malady. The grand principles of moral treatment upon which the Institution will be conducted are justice, kindness, and occupation; and, by the application of these, the Patients, in so far as is consistent with their condition, will be induced to regard the Asylum as a home, and those to whose care they are entrusted as friends and companions.

Answers to the following Queries are solicited in all cases, if possible, from the MEDICAL ATTENDANT :—

QUERIES.	ANSWERS.
1. Name age, condition, occupation, disposition, amount of education, and general deportment of the Patient.	Mrs Sarah Boyle or Burnabyon
2. What is the cause, predisposing and exciting, moral or physical; and what circumstances may have predisposed to, aggravated, or confirmed the disease?	
3. Before the incursion of the disease, were there observed any unusual depression or elevation of spirits, any marked alterations in the functions of the body, or in the temper, opinions, conduct, sleep, &c.?	
4. Has the Patient been subject to epilepsy, or other convulsive affections, previous to or during the existence of insanity; and for what other diseases or accidents has medical or surgical treatment been at any time required?	
5. What have been, and are, the prominent symptoms of the malady? has any obvious change in its form occurred; and does it appear to be increasing, declining, or stationary?	
6. Mention the present state of the external senses; of the appetite, digestion, and evacuations; of the pulse, respiration; and of all other functions, so far as they can be ascertained.	
7. Is this the first attack, or a relapse? by what peculiarity of constitution or manner was it ushered in—if a relapse, of what duration was the lucid interval? and what has been the number of previous attacks?	
8. What have been, and are, the delusions, habits, peculiarities, and pursuits of the Patient, during the night as well as the day, since the invasion of insanity?	
9. Does the Patient manifest any disposition to commit suicide? has he made any attempt to do so, and by what means?	
10. Does the Patient manifest any disposition to injure other persons or property—to cherish any malicious design—or is the morbid train of thoughts excited by any particular subject or event?	
11. Is the Patient or his relatives subject to any hereditary, nervous, or periodical disease, and what? or have they manifested any peculiarity, eccentricity, or prominent propensity, or tendency to crime?	
12. What treatment has been resorted to, for what length of time, and with what success?	
13. How long has the Patient been insane? or has he ever been in any public asylum or private mad-house?	

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. Shire or Stewartry.

Unto the Honourable the (1) Steward *of the* (2) Stewartry *of* Kirkcudbright *and his Substitutes,—*

The Petition of John Watson, Inspector of Poor of the Parish of Twynholm

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Burnie, Twynholm Village, 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 Alexander Burnie to the ~~Southern Counties~~ Institution and to sanction his admission into the said Asylum.

(SIGNED) John Watson Insp. of Poor

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

DATED this Seventh (2) day of May one thousand eight hundred and Sixty.

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,	Alexander Burnie
Sex and Age,	Male, 19 years
Married, Single, or Widowed,	Single.
Condition of Life, and previous Occupation (if any),	Agricultural Labourer
Religious Persuasion, so far as known,	Established Church of Scotland
Previous Place of Abode,	Twynholm Village, always.
Place where Found and Examined,	Twynholm Village
Length of time Insane,	Is a dull state for nearly a year.
Whether first Attack,	Yes.
Age (if known) on first Attack,	18 years
When and where previously under Examination and Treatment,	Under Dr. John Shand's treatment for a few weeks
Duration of existing Attack,	One year's illness but not known to be insane till now.
Supposed Cause,	Not known.
Whether subject to Epilepsy,	No.
Whether Suicidal,	Not as far as has been noticed.
Whether Dangerous to others,	Yes.
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Twynholm.
Christian Name 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,	Alexander Burnie, Father, Twynholm Village; No Relation 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.

(SIGNED)* Name, John Watson

DATED this Seventh day of May one thousand eight hundred and Sixty.

* 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.

(6) *State the facts.*

I, the undersigned, J Mc Rand
being a (1) Fellow of the Royal College of Physic
of Edinburgh & M.D. Edinburgh & Member
and being in actual practice as a (2) Medical Man
hereby certify, on soul and conscience, that I have this day, at (3) Templeton
Kirkcudbright in the Coun
separately from any other Medical Practiti
visited and personally examined (4) Alexander Burnie, pau
and
the said Alexander Burnie is a (5) person
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)
unwillingness to answer questions & manner questions & a
ordinary kind, wandering in laughing & smiling w
absent cause - beside general appearance.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Noticed by neighbours to be completely changed in habits -
reserve to answer questions & to converse - does not work now
used to - till one week ago for smoking - threatened to se
her father yesterday - has been gradually getting worse for m
than one year - for the last 4 weeks much worse - treatment was
to make up, with slight
relief. obj; - refuses to take her
take any medicine. Thinks
been communicated to me by
and Mother - Family of good
Means stock - Frailty of

(SIGNED) *Name and Medical Designation,* J Mc Rand M.D. F.R.C.P.E.

Place of Abode, Kirkcudbright

DATED this 7th day of May One thousand
hundred and sixty.

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.*

I, the undersigned, John Sanderson Shand
being a (1) member of the University of Edinburgh & an M.D. & Mem
College of Surgeons of Edinburgh & having three Diplomas of Surge
and being in actual practice as a (2) Medical practitioner
hereby certify, on soul and conscience, that I have this day, at (3) his Father's
in the Parish of Twynholm in the Cou
Kirkcudbright separately from any other Medical Practit
visited and personally examined (4) Alexander Burnie a Pauper
and
the said Alexander Burnie 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.:—

1. Facts indicating Insanity observed by myself: (6) a great degree
Refuses - answers a question - two, three days away
hides, not sleep at night & has slept more for a long time, his
appearance - takes the
for a Mean of 14

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

2. Other Facts (if any) indicating Insanity communicated to me by others:
from Father & Mother that for about 12 months he has been
state wandering about, will not work, latterly take no appe
of disease & seem in good general health, but have threatened strike
quarrelsome disposition was given home, but seems worse, yet

(SIGNED) *Name and Medical Designation,* John Sanderson Shand M.D. Edin

Place of Abode Barcel - Kirkcudbright

DATED this Seventh day of May one thousand
hundred and sixty

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 Hyacinth Dunbar (2) Depute Steward Substitute of the (3) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (4) John Watson Inspector of Poor of the Parish of Dundolm Certificates under the hands of John Saund and John Sanders Saund, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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) Alexander Burnie - a Pauper — and that the said Alexander Burnie — 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 Alexander Burnie — as a Patient into the (7) 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 Alexander Burnie — which accompanied the said Petition.

(SIGNED) W H Dunbar

DATED this Seventh day of May — one thousand eight hundred and Sixty years.

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.

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) James J. *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of Grace Eliza Scott wife of Clementina Charlotte Scott or Spence spouse of Charles Spence W.S. Edinburgh and also Charlotte Scott or Spence spouse of Charles Spence W.S. Edinburgh

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Gideon Gifford Scott residing at 90 Causewayside Edinburgh personally in Dumfriesshire is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Gideon Gifford Scott to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(Signed) G. E. Scott
Grace Eliza Scott
Charlotte Spence

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

Dated this eighth (3) day of May one thousand eight hundred and sixty 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,	Gideon Gifford Scott late of Galloway
2. Sex and Age,	Male — Thirty seven years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	formerly acted as Land Steward to Mr Trotter of Dreghorn afterwards went to Trust, no profession but was for a while Studying Medicine
5. Religious Persuasion, so far as known,	Methodist
6. Previous Place of Abode,	Galloway, — now 90 Causewayside Edinburgh
7. Place where Found and Examined,	90 Causewayside Edinburgh
8. Length of time Insane,	Several years ascertained by Friends who now.
9. Whether first Attack,	No previous attacks there have been that certainly are
10. Age (if known) on first Attack,	Not correctly known
11. When and where previously under Examination and Treatment,	Not previously under Examination or Treatment
12. Duration of existing Attack,	Several weeks
13. Supposed Cause,	Extreme 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,	Kirkwall Zetland is his 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,	Grace Eliza Scott 90 Causewayside Clementina Charlotte Scott or Spence both her Sisters Edinr both at 90 Causewayside. D. James Scott R.N. Uncle died insane & died in that State and was second Cousin of Gideon Gifford Scott
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, G. E. Scott
Grace Eliza Scott

Dated this eighth day of May one thousand eight hundred and sixty

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1200.

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 Miller being a (1) Fellow of the 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) 29 Charlotte Square Edinburgh in the County of Edinburgh separately from any other Medical Practitioner visited and personally examined (4) Mr Gideon Gifford Scott Surgeon 6 Edinburgh and that the said Mr Scott is a (5) man of unsound mind, a Dipsomaniac 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)

his General appearance, & demeanour, as a Dipsomaniac —

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

The facts stated by relatives, as to periodical fits of deep intemperance, with drinking no home whilst at the same insane

(SIGNED) *Name and Medical Designation,* Jas Miller F.R.C.S.E.

Place of Abode, 29 Charlotte Square

DATED this 8th day of May One thousand eight hundred and 60

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 McGillivray being a (1) Doctor of medicine and Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) No 63 Castle Street Edinburgh in the County of Edinburgh separately from any other Medical Practitioner visited and personally examined (4) Mr Gideon Gifford Scott Surgeon Edinburgh and that the said Mr Scott 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.:—

1. Facts indicating Insanity observed by myself: (6) That he labours under a want of control over his animal propensities, & that he is a Dipsomaniac.

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

That his friends have never been able to succeed in getting him to engage steadily in any occupation, and that he is mainly incapable of managing his affairs

(SIGNED) *Name and Medical Designation,* John McGillivray L.R.C.S.Ed.

Place of Abode, 63 Castle Street Edinburgh

DATED this eighth day of May one thousand eight hundred and sixty

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.

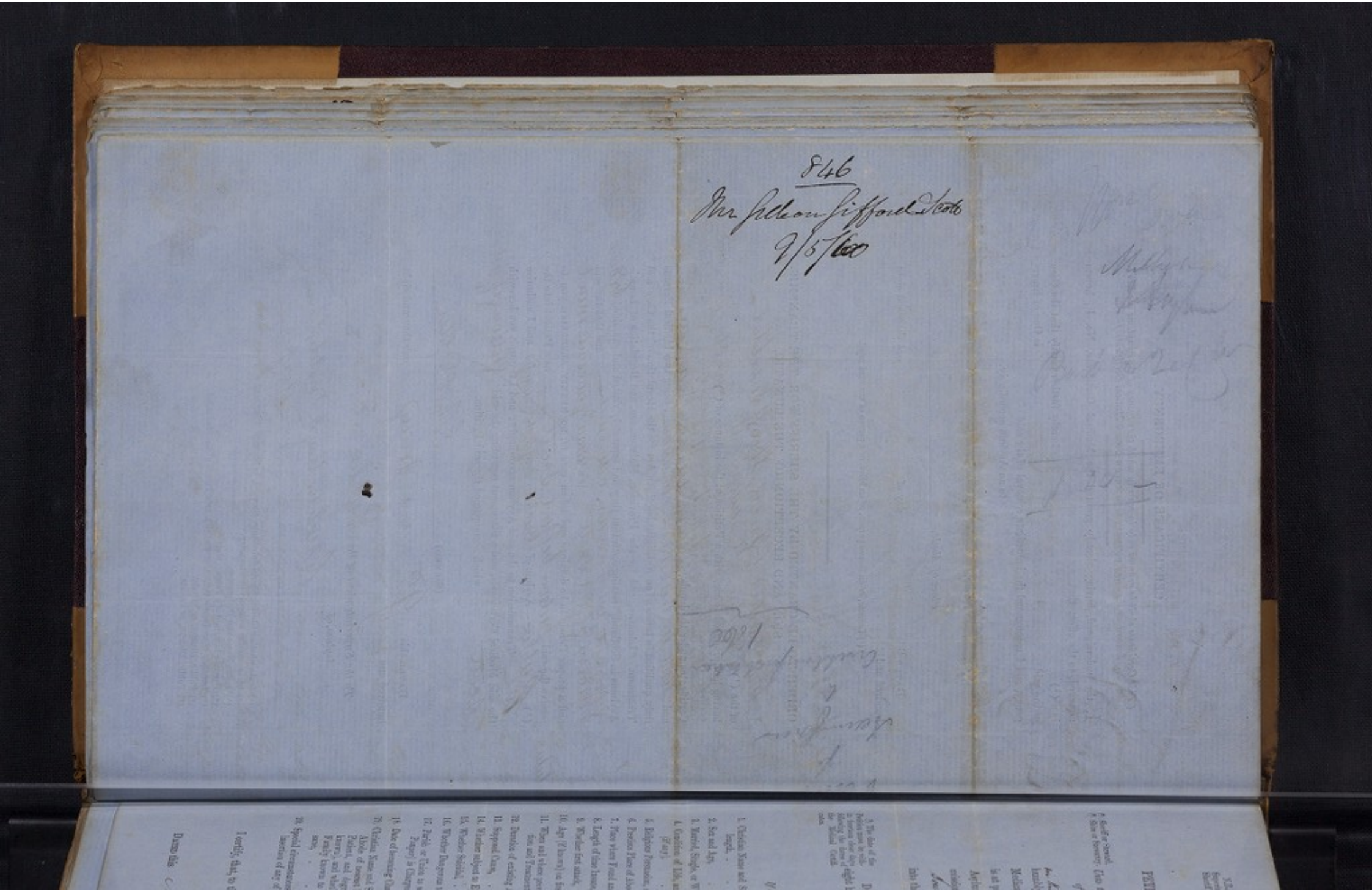
I, John Pitcairn Trotter Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Grace Elma Scott and Wm. G. Charlotte Scott or Spence Spence & Charles [illegible] & Hutchings and all residing at 90 Edinburgh Edinburgh
Certificates under the hands of James Miller Surgeon
and John McGilchrist Physician, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined Gideon Sifford Scott, 19 Free Colonies, Edinburgh and that the said Gideon Sifford Scott is a man of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Gideon Sifford Scott as a Patient into the (4) Public Asylum of Crichton Royal at Dumfries and I authorise the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Gideon Sifford Scott which accompanied the said Petition.

(SIGNED) John P. Trotter

DATED this 9th day of May one thousand eight hundred and Sixty

To the Superintendent of the (5) 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, or Private.
(7) Public, District, 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.]

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

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 (*) Sheriff of the (*) County of Roxburgh and his Substitutes—

The Petition of Thomas Elliot, Farm Steward at Mayedykes in the parish of Castleton, Roxburghshire humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Elliot or Pott the Petitioner's 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 Elliot or Pott to the Southern Counties' Asylum and to sanction her admission into the said Asylum.

(SIGNED) Thomas Elliot

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

DATED this Ninth (*) day of May One thousand eight hundred and sixty.

STATEMENT.

If any 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 Elliot or Pott
2. Sex and Age,	Female 51
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Wife of a Farm Steward
5. Religious Persuasion, so far as known,	Member of the Synod of Scotland
6. Previous Place of Abode,	Newmuir of the Parish of Castleton
7. Place where Found and Examined,	Mayedykes in said Parish
8. Length of time Insane,	One Month
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	51
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	—
13. Supposed Cause,	Has not menstruated for the last 3 months
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,	Thomas Elliot Farm Steward at Mayedykes. Husband of his 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.

(SIGNED)* Name, Thomas Elliot

DATED this Ninth day of May One thousand eight hundred and sixty.

P. p.

* 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.*

I, the undersigned, William Murray Newcastleton being a (1) Licentiate of the Royal College of Surgeons and registered under the Medical Act of 1858 and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Muredykes in the Parish of Castleton in the County of Roxburgh separately from any other Medical Practitioner, visited and personally examined (4) Ann Elliot or Pott of Muredykes and that the said Ann Elliot or Pott is a (5) Insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Restlessness of m as regards both temporal and spiritual matt

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She violences when resisted especially towards friends in very rude. Her husband the petit and other relations waiting on her are very m

(SIGNED) *Name and Medical Designation,* Jas Murray Newcastleton

Place of Abode,

DATED this Ninth day of May One thousand eight hundred and sixty.

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.*

I, the undersigned, Thomas Crichton Taylor Newcastleton being a (1) Licentiate of the Royal College of Edinburgh 1863. & Registered in 1858. and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Muredykes in the Parish of Castleton in the County of Roxburgh separately from any other Medical Practitioner, visited and personally examined (4) Ann Pott or Elliot and that the said Ann Pott or Elliot is a (5) Insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) wishes to leave her Family. And when resisted makes attempts to injure those about her. often speaks of her Friends being

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Speaks very much concerning her wickedness & Considers herself & shows violence when resisted

(SIGNED) *Name and Medical Designation,* Thomas Crichton Taylor Surgeon Newcastleton

Place of Abode,

DATED this Fifth day of May One thousand eight hundred and Sixty.

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

(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, John Morton Caugie Esquire (1) Sheriff Substitute of the (3) County of Roxburgh having had produced to me, with a Petition at the instance of (3) Thomas Elliot farm steward at Muredykes in the parish of Castleton Certificates under the hands of William Murray Surgeon and Thomas Crichton Taylor 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) Ann Elliot or Pott wife of said Thomas Elliot and that the said Ann Elliot or Pott is a (5) an insane person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ann Elliot or Pott 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 Ann Elliot or Pott which accompanied the said Petition.

Public
Mr Caugie

(SIGNED) J M Caugie

DATED this Twelfth day of May One thousand eight hundred and sixty years

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.

No 168
Thomas Taylor Elliott
14/5/60

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

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 (*) Sheriff *of the* (†) County of Dumfries *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 Bernard Campbell in Dalbeattie is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Bernard Campbell to the Southern Counties asylum and to sanction his admission into the said Asylum.

(SIGNED) John Lowden Insp.r P. Urr

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

DATED this Eighteenth (‡) day of May one thousand eight hundred and Sixty 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,	Bernard Campbell
2. Sex and Age,	male aged 25 years
3. Married, Single, or Widowed,	married
4. Condition of life, and previous Occupation (if any),	day Labourer
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	has been a good while in present residence
7. Place where Found and Examined,	Dalbeattie
8. Length of time Insane,	about a fortnight
9. Whether first Attack,	Second attack
10. Age (if known) on first Attack,	a young lad
11. When and where previously under Examination and Treatment,	not Known
12. Duration of existing Attack,	about a fortnight
13. Supposed Cause,	cannot say
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	rather
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Urr
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,	Henry Campbell Dalbeattie Father none
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(SIGNED)* *Name*, John Lowden Insp.r Urr

DATED this Eighteenth day of May one thousand eight hundred and Sixty years

* To be Signed by the Party applying.

Lunacy Blank, Dumf.—57.—1200.

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 Lewis
being a (1) Graduate of University of Glasgow
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Dalkeattie
in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Bernard Campbell
and the said Bernard 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) At times his conversation is rambling incoherent at the times annoyed and provoked – Expression very clearly indicative of insanity – Threatens to assault his brother & a Mr McLaurin in my presence & becomes violently excited against without provocation

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) –
attempts to jump from a train in full motion twice with difficulty restrained – used a knife this morning in a threatening manner.

(SIGNED) *Name and Medical Designation,* John Paterson Lewis M.B.

Place of Abode, Dalbeattie,

DATED this 18th day of May One thousand eight hundred and Seventy,

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 Gilchrist M.B
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) Southern Counties Asylum & Lunatic
Asylum in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Bernard Campbell a pauper
and the said Bernard 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) Is restless, excited, and talking incoherently

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

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

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

Place of Abode, Crichton Royal Dumfries

DATED this 19th day of May one thousand eight hundred and seventy

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 Bernard Campbell is a (1) a pauper of unsound mind hereby further certify that the Case of the said Bernard Campbell is One of Emergency, and I recommend the immediate removal of the said Bernard Campbell to an Asylum accordingly.

Name, J. Patterson Lewis M.D.

Place of Abode, Dalkeatth.

DATED this 19th day of May one thousand eight hundred and Sixty

(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 Pitcairn Trotter, 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 John Patterson Lewis, Physician and James Clelland, 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) Bernard Campbell a pauper from Urr and that the said Bernard Campbell 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 Bernard Campbell as a Patient into the (5) Public Asylum of Southern Counties Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Bernard Campbell which accompanied the said Petition.

(SIGNED) John P. Trotter

DATED this 21st day of May one thousand eight hundred and Sixty years

To the Superintendent of the (6) 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.

Kirkcudbright Asylum
19/5/60
Perfect

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) County *of* Dumfries *and his Substitutes,—*

The Petition of Thomas Davidson Inspector of Poor for Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Mc. Millan is at present in a state of Mental Derangement, and 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 Mc. Millan to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) Thomas Davidson

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

DATED this 24th (3) day of May one thousand eight hundred and Sixty

STATEMENT.

If any 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 Mc. Millan
2. Sex and Age,	19 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,	Established Church of Scotland
6. Previous Place of Abode,	Entirely Parish of Dumfries
7. Place where Found and Examined,	Do.
8. Length of time Insane,	12 days
9. Whether first Attack,	First
10. Age (if known) on first Attack,	19 years
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	12 days
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
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,	Her father John Mc. Millan none of his family insane
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,* Thomas Davidson

DATED this 24th day of May one thousand eight hundred and Sixty

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1200.

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.*

I, the undersigned, Thomas Boyle Grierson being a (1) Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Enterkin in Durrisdeer in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Agnes McMillan and the said Agnes McMillan 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.:—

(4) *Insert 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) Believes what is ideal to be real and acts upon that belief regardless of the rights of others.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) At times, vacillations of Mind about things. Mistakes no existence, at times disposed to extravagance. by Father & Mother.

(SIGNED) *Name and Medical Designation,* T B Grierson Surgeon

Place of Abode, Thornhill

DATED this 24th day of May One thousand eight hundred and Sixty.

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.*

I, the undersigned, Andrew Crichton Chalmers being a (1) Graduate of the University of Edinburgh & Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Enterkine in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Agnes Mc Millan and the said Agnes Mc Millan 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.:—

(4) *Insert 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) Believes in spirits from the other home no connection in any statistic & unmanageable. State in consequence

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7) Information as to the above by her Father & Mother

(SIGNED) *Name and Medical Designation,* And.r C. Chalmers

Place of Abode, Thornhill

DATED this 24th day of May one thousand eight hundred and Sixty.

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 farther 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 Stevenson Scott Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas Davidson Inspector of Poor of Dumfries Certificates under the hands of Thomas Boyd Grierson and Andrew Crichton Chalmers, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes McMillan & Entertainforty —— and that the said Agnes McMillan is a (5) Lunatic & Insane person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes McMillan as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes McMillan which accompanied the said Petition.

(SIGNED) John P Scott

DATED this Twenty fourth day of May one thousand eight hundred and Sixty 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.

470

Agnes McMillan

24/5/60

470

Agnes McMillan

24/5/60

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. (1) Shire or Stewartry.

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

The Petition of Joseph Mills Inspector of Poor Inqueer

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Hugh Mc Ghie Labourer Maxwelltown is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Hugh Mc Ghie to the Southern Counties Dumfries Asylum and to sanction his admission into the said Asylum.

(Signed) Joseph Mills Inspector of Inqueer

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

Dated this twenty fourth (3) day of May one thousand eight hundred and Sixty

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Hugh Mc Ghie
2. Sex and Age,	male 48 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	69 College Street maxwelltown
7. Place where Found and Examined,	69 College Street Maxwelltown
8. Length of time Insane,	8 days
9. Whether first Attack,	Second attack Removed from Ireland
10. Age (if known) on first Attack,	about twenty years of age
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries
12. Duration of existing Attack,	Eight days
13. Supposed Cause,	
14. Whether subject to Epilepsy,	None
15. Whether Suicidal,	None
16. Whether Dangerous to others,	None
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Inqueer
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,	Grace Mc Lodgan his wife Peter Mc Ghie his Son Hugh Mc Ghie the Patients father now dead
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	subject to the same delusion

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

(Signed)* *Name,* Joseph Mills

Dated this 24th May ~~one~~ 186 one thousand eight hundred and Sixty

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1260.

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, Allen Sco M
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) College
Street Maxwelltown
in the County of
Kirkcudbright
separately from any other Medical Practitioner,
visited and personally examined (4) Hugh McGhie a Pauper
and that
the said Hugh 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Mental
excitement - delusions as to person
Murder Lunacy and grandson
of the French Emperor

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His son told me he had been
twice in an asylum before. Had tried to
attempted to jump out of a high window

(SIGNED) *Name and Medical Designation,* Allen Scott M.D.

Place of Abode, Dumfries

DATED this 24th day of May One thousand eight
hundred and sixty.

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 Arthur M. B. C. M.
being a (1) Graduate 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) College
Street, Maxwelltown
in the County of
Kirkcudbright
separately from any other Medical Practitioner,
visited and personally examined (4) Hugh McGhie College St.
Maxwelltown Labourer Pauper
and that
the said Hugh McGhie 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) Great excite
excitement, Delusions

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7)
His son and wife inform me that he has
under Visitant Hallucinations for insanity, that he
been furious, violent, and difficult to restrain for a
(SIGNED) *Name and Medical Designation,* Alex Arthur M.B.

Place of Abode, Dumfries

DATED this 24th day of May one thousand eight
hundred and sixty

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in case 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 Hugh McGhie is a (1) person of unsound mind hereby further certify that the Case of the said Hugh McGhie is One of Emergency, and I recommend the immediate removal of the said Hugh McGhie to an Asylum accordingly.

Name John Braithwaite M.D.

Place of Abode, Dumfries

DATED this 27th day of May one thousand eight hundred and Sixty

(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 Trotter, Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Joseph Welsh Inspector of Poor of the Parish of Ingleston Certificates under the hands of William Scott and Alexander Boldwick, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Hugh Mc Ghie a pauper residing in Moniaive Village and that the said Hugh Mc Ghie is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Hugh Mc Ghie as a Patient into the (6) Public Asylum of Southern Counties, Dumfries and I authorise this Transmission to the said Asylum accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Hugh Mc Ghie which accompanied the said Petition.

(SIGNED) John Williamson Trotter.

DATED this 28th day of May one thousand eight hundred and Sixty 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.

No. 271

Mary M. Glynn

Oct 15 1860

Ireland

PETI

Sheriff or Coroner.
State of Kentucky. Unto th

of

humbly

Mollagh

is at pr

Asylum

mission

into the

8 The date of the Petition must be within a fortnight about three days following the date of the Medical Certificate.

Da

eight h

If a

1. Christian Name and Su
length, .

2. Sex and Age,

3. Married, Single, or Wi

4. Condition of Life, and
(if any),

5. Religious Persuasion, w

6. Previous Place of Abod

7. Place where Found and

8. Length of time Insane,

9. Whether first attack,

10. Age (if known) on first

11. When and where provi
tion and Treatment,

12. Duration of existing A

13. Supposed Cause,

14. Whether subject to Epi

15. Whether Suicidal,

16. Whether Dangerous to

17. Parish or Union to wh
Pauper) is Chargeab

18. Christian Name and Su
Abode of nearest k
Patient, and degre
known, and whethe
Family known to
sent,

19. Special circumstances
insertion of any of t

I certify, that, to the

Dated this

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 or Steward.
(†) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (†) County of Dumfries and his Substitute,

The Petition of James Clarke, Saddler, Laughorn

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Clarke is at present in a state of Mental Derangement, and 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 Clarke to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) James Clark

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

DATED this Eleventh (‡) day of June One thousand eight hundred and Sixty

---

STATEMENT.

If any 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 Clarke
2. Sex and Age,	Male Sixty nine Years
3. Married, Single, or Widowed,	Widowed
4. Condition of Life, and previous Occupation (if any),	Saddler.
5. Religious Persuasion, so far as known,	Protestant Presbyterian.
6. Previous Place of Abode,	Laughorn.
7. Place where Found and Examined,	Laughorn
8. Length of time Insane,	Two months.
9. Whether first attack,	Yes.
10. Age (if known) on first Attack,	No.
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of existing Attack,	Two Months
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,	Laughorn
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 Clarke Saddler Laughorn Son.
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, James Clark

DATED this Eleventh day of June One thousand eight hundred and Sixty

* 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, William Sheppard
being a (1) Registered Licentiate Surgeon of the 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) One o'clock afternoon
Nº 4 Black's High Street Langholm in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) the said John Clark Saddler residing at
Nº 4 Black's High Street and that
the said John Clark is a (5) insane person
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) violent dangerous fits of rage, threatens life of individuals and destroying property

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

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

(SIGNED) *Name and Medical Designation,* William Sheppard
Surgeon
Place of Abode, Langholm

DATED this eighth day of June One thousand eight hundred and sixty.

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 Stevenson Smith M. D. Edin.
being a (1) Member of the 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) High Street
Langholm in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) John Clark Saddler High Street
Langholm and that
the said John Clark is a (5) person of unsound
mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He labours under
violent excitement — wanders about in a wild
unsettled state — threatening those he has before
manifested ill will to. Is unmanageable,
violent.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The above facts have also been communicated to me
by his Son James Clark.

(SIGNED) *Name and Medical Designation,* W. S. Smith M. D. Surgeon
Place of Abode, Langholm

DATED this Seventh day of June One thousand eight hundred and sixty.

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 Pelcairn Trotter, Sheriff Substitute
of the (2) County of Dumfries
having had produced to me with a Petition at the instance of (3) James Clark
Saddler in Langholm
Certificates under the hands of William Mansell
and William Johnstone Carlyle, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Clark Saddler in Langholm and that the said
John Clark 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 Clark as a Patient into the (6) Public Asylum of Southern Counties 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 Clark which accompanied the said Petition.

(SIGNED) John P. Trotter

DATED this 12th day of June One thousand eight hundred and Sixty

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.

Y Y 2

~~Appraisement~~

11/6/60

John Clark

Unto the Honourable the SHERIFF of Dumfries-shire and his Substitutes :—

The Petition and Complaint of ALEXANDER YOUNG, Procurator Fiscal of Court for her Majesty's Interest,

HUMBLY SHEWETH,

That John Clark in High Street of Langholm has lately assaulted and attacked various individuals in that Town and has evidently been labouring under strange delusions and become insane and furious all of which are certified by William Maxwell Surgeon in Langholm by a certificate of this date herewith produced

That it will be proper an order should be made for the detention of the said John Clark either in the Prison of Dumfries or in the Crichton Institution for safe custody until again advising by your Lordships

May

* To be Signed by the Party applying, who shall state the degree of Relationship (if any) to the Patient.

No relationship

May it therefore please your Lordships to grant Warrant to Officers of Court and their Assistants to apprehend the said

John Clark

and bring *him* before you for examination, thereafter to be dealt with according to Law, and also to cite Witnesses to be precognosced anent the crime charged in common form.

According to Justice
Alex Young

Dumfries, *5 June*, 18*60*.—Grants Warrant as craved. *for*
obtaining the accused John Clark
written on the prision of Dumfries or in
the Crichton Royal Institution
til again advising. *Alex Harmay*

N.Y.

ce please your Lordships to grant
to Officers of Court and their
s to apprehend the said

John Clark

him before you for examination,
r to be dealt with according to Law,
to cite Witnesses to be precog-
ment the crime charged in common

ding to Justice
Alex Young

—Grants Warrant as craved. for
used John Clark
of Murphies and
& Substitutes

Ryekarney

* To be Signed by the Party applying, who shall state the degree of Relationship (if any) to the Patient.

No relationship

Y 3 2

Y 3 2
John Clark
9/6/60

PETITION AND COMPLAINT.

THE PROCURATOR FISCAL

v.

John Clark

8 June 1860

Curiosity

Unto the Honourable the SHERIFF of Dumfriesshire and his Substitutes :—

The Petition and Complaint of ALEXANDER YOUNG, Procurator-Fiscal of Court for Her Majesty's Interest,

HUMBLY SHEWETH,

That Thomas Gordon Basket maker in new market street of Dumfries has lately become insane & violent and has attacked & assaulted Janet M'Kinnell his wife and John M'Kinnell Shoemaker her father more especially yesterday (10th June 1860) when he struck the said John M'Kinnell a blow in the Royal Infirmary Dumfries

That in like manner he has assaulted John Gordon his brother and William Orr in Dumfries who were employed to guard him in the house of the said John M'Kinnell in the course of yesterday and to-day

That it is essential to take measures for the safe custody & future disposal of the said Thomas Gordon who in the mean time is not in a fit state for examination or to be brought before your Lordship being violently raised from the beginning of this Clothing from it being impossible to keep clothing on his person

May

* To be Signed by the Party applying, who shall state the degree of Relationship (if any) to the Patient.

No relationship

May it therefore please your Lordships to grant Warrant to Officers of Court and their Assistants to apprehend the said

Thomas Gordon Hoc com
: mid him to the Southern Counties
Asylum for safe Custody

~~and bring him before you for examination, thereafter to be dealt with according to Law~~, and also to cite Witnesses to be precognosced anent the crime charged in common form And also to mail Bag sine: as to his state of Fanicity or other : wise - Fifteen words deleted

According to Justice
Alex Young

Dumfries, 11 June 1860.—Grants Warrant as craved
And also Grants Warrant to Lodge
the said Thomas Gordon in the
Southern Counties Asylum near
Dumfries for safe Custody and to
again advising ~~him accordingly~~
These words deleted John D. Wallace

re please your Lordships t
ant to Officers of Court an
ants to apprehend the sai

e Gordon Hoc
the Sutton Centin
for safe Custody

~~before you for examin~~
~~ther to be dealt with accordi~~
d also to cite Witnesses to b
d anent the crime charged i
mbia destroyed by fire
tate of Fanicity or other
ltem words deleted th

ing to Justice

—Grants Warrant as craved
Warrant to lodge
Gordon in the
eylum near
Custody and to
upon Cautionary

* To be Signed by the Party applying, who shall state the degree of Relationship (if any) to the Patient.
No relationship

Y Y 2

Y Y 3
Thomas Gordon
11/6/60

PETITION AND COMPLAINT,

THE PROCURATOR-FISCAL.

v.

Thomas Gordon

11 June 1860

Curiosity

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 4]

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE TRANSFER OF A LUNATIC FROM ONE ASYLUM TO ANOTHER.

(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 John McCallum, Inspector of Poor-Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Gordon at present, a Patient in the Asylum of Garngad, Glasgow remains in a state of Mental Derangement, and is a proper person for treatment in an Asylum; and that it is desired to transfer the said Mary Gordon to the Southern Asylum of ~~Counties~~ at Dumfries. May it therefore please your Lordship to authorize the Transfer of the said Mary Gordon and to sanction her admission into the said Asylum accordingly.

(Signed) * John McCallum

Designation, Inspector of Poor Dumfriesshire

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

Dated this Seventh (3) day of June one thousand eight hundred and Sixty

STATEMENT.

If any 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 Gordon
2. Sex and Age,	female about thirty one 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,	Glenalton Cottage - Largs Ayrshire
7. Place where Found and Examined,	Garngad Asylum, Glasgow
8. Length of time Insane,	upwards of a Year
9. Whether First Attack,	Yes - So far as known
10. Age (if known) on First Attack,	about thirty Years
11. When and where previously under Examination and Treatment,	Not so far as known, until being brought to Garngad Asylum on June 4th 1859.
12. Duration of Existing Attack,	about fourteen months
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	Not
15. Whether Suicidal,	This is rather feared
16. Whether Dangerous to others,	Not
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Stevenstone
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,	Unknown to me
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

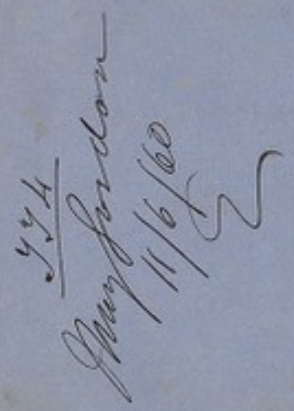
I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(Signed)* Name, John McCallum

Dated this Seventh day of June one thousand eight hundred and Sixty

* To be Signed by the Party applying, who shall state the degree of Relationship (if any) to the Patient.

No relationship



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) Steward *of the* (2) Stewartry of Kirkcudbright *and his Substitutes,—*

The Petition of John Thomson Inspector of Poor for the Parish of Girthon humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Walker, Labourer, is at present in a state of Mental Derangement, and 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 Walker to the Crichton Institution and to sanction his admission into the said Asylum.

(SIGNED) John Thomson Insp.

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

DATED this fifteenth (3) day of June one thousand eight hundred and Sixty 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 Walker, Labourer,
2. Sex and Age,	male
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Episcopalian
6. Previous Place of Abode,	Gatehouse of Fleet
7. Place where Found and Examined,	Gatehouse of Fleet & examined at Kirkcudbright
8. Length of time Insane,	Apparent for sometime back
9. Whether first Attack,	Subject to attacks for months previous
10. Age (if known) on first Attack,	26 years
11. When and where previously under Examination and Treatment,	Never before during the last fourteen days
12. Duration of existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	
16. Whether Dangerous to others,	Dangerous to the Lieges—
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Girthon in the Stewartry
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,	Samuel Walker, Shoemaker in Gatehouse of Fleet. his father Never known to be Insane tho' eccentric at times Insane so far as known
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 Thomson Insp.

DATED this fifteenth day of June one thousand eight hundred and Sixty

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1200.

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 Richardson Licentiate
being a (1) Graduate of the University of Edinburgh

and being in actual practice as a (2) Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the Prison of Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Robert Walker and that the said Robert Walker is a (5) person of unsound 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)
Weak intellect prone with delusions a unusual appearance & attractions of his head all the Young Ladies are in love with him - delusions as to his ability &

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
a previous attack and also from his parents & Medical Conductor

(SIGNED) *Name and Medical Designation,* William Richardson

Place of Abode, Gatehouse of Fleet

DATED this Fifteenth day of June One thousand eight hundred and Sixty 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, John Sanders Shand
being a (1) graduate of University - Edinburgh

and being in actual practice as a (2) Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Prison of Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Robert Walker - Pauper and that the said Robert Walker is a (5) person of unsound 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 he is of the same state from unsoundness of mind, that he formerly was, that he is a person of great cunning, the admiration of some female who sees him.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
by his Father a similar statement was made to me as above & the Jailor to day gives a similar statement of his having the appearance on his cell & at night disturbs the whole

(SIGNED) *Name and Medical Designation,* John S. Shand M. D. Edinburgh

Place of Abode Burgh of Kirkcudbright

DATED this Fifteenth day of June one thousand eight hundred and Sixty

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, David Blair (1) Steward Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) John Thomson Inspector of Poor of Gatehouse Parish Certificates under the hands of William Richardson M.D. and John Sandy Reid M.D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Walker, a pauper and that the said Robert 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 Robert Walker 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 Robert Walker which accompanied the said Petition.

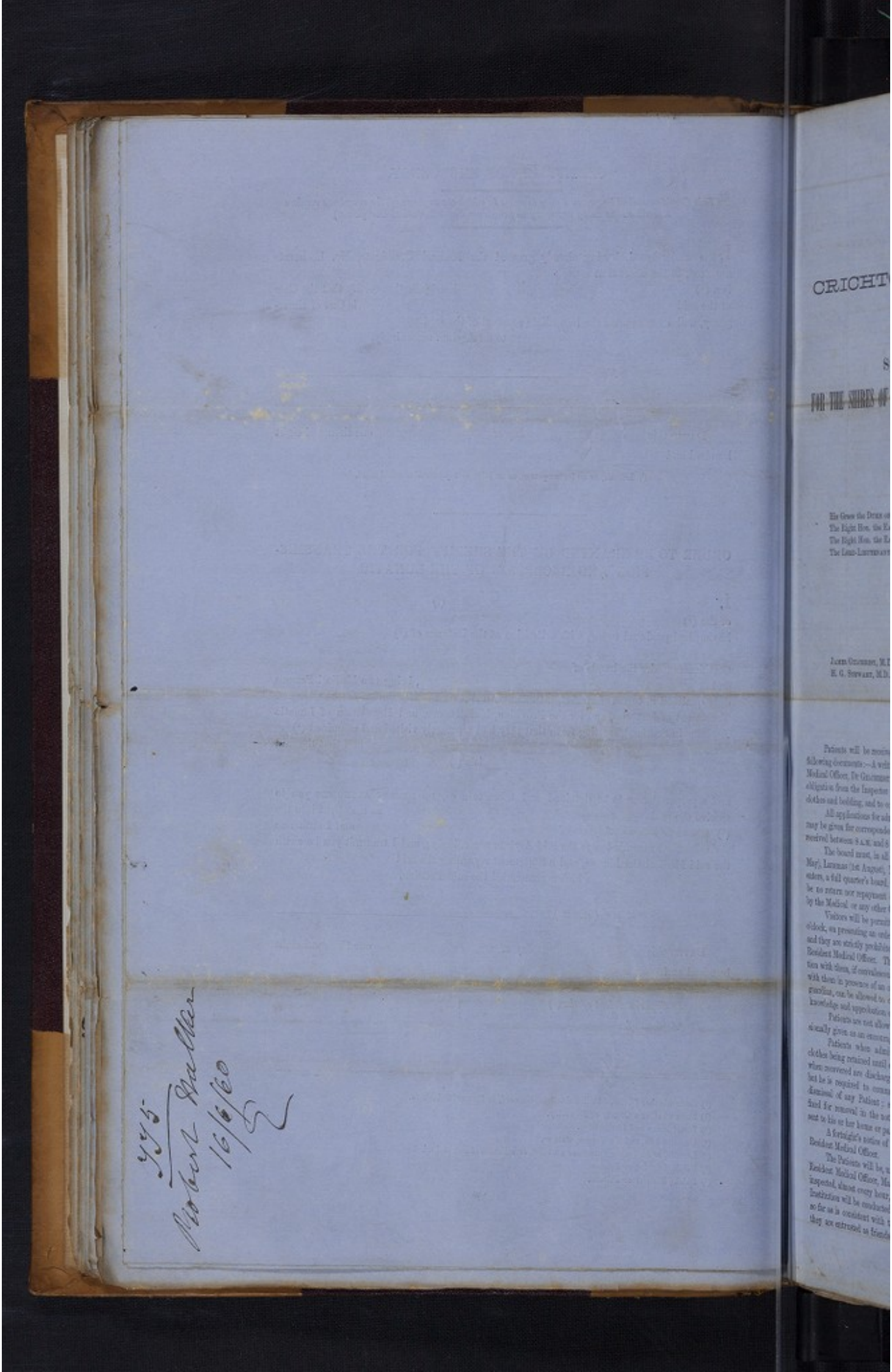
(SIGNED) David Blair S.S.

DATED this fifteenth day of June one thousand eight hundred and thirty years.

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



CRICHTON ROYAL INSTITUTION.

Paupers Department.

SOUTHERN COUNTIES' ASYLUM,

FOR THE SHIRES OF DUMFRIES AND WIGTOWN, AND STEWARTRY OF KIRKCUDBRIGHT.

Trustees.

Mrs CRICHTON of Friars' Carse.
Lieut.-Colonel GRIERSON of Barndennoch.
J. MACALPINE LENY, Esq. of Dalswinton.

Extraordinary Trustees.

His Grace the Duke of Buccleuch.
The Right Hon. the Earl of Galloway.
The Right Hon. the Earl of Selkirk.
The Lord-Lieutenant of the Shire of Dumfries.
The Member for the County of Dumfries.
The Sheriff of the Shire of Dumfries.
The Minister of St. Michael's Church, Dumfries.

Directors.

Thomas Sidpson, Esq. of Dalswoodie.
M. C. Maxwell, Esq. of Terreglas.
P. Dudgeon, Esq. of Cargen.
Thomas Stewart Gladstone, Esq. of Capenoch.
James Hotchkis, Esq., Summerville.

Officers.

James Gilchrist, M.D., Resident Physician.
H. G. Stewart, M.D., Medical Assistant.
Mrs Hearder, Matron.
And. Henderson, Superintendent.

R. Adamson, Esq.,
S. Adamson, Esq., } Treasurers.

Rev. G. Cowans, Chaplain.

Patients will be received on presenting or transmitting at the time of, or previous to, their admission, the following documents:—A written application from the nearest of kin, guardians, or Inspector of Poor, to the Resident Medical Officer, Dr Gilchrist; certificates of lunacy and a warrant from the Sheriff, as required by law; also an obligation from the Inspector of Poor, or other satisfactory Obligant, to pay the board of Patients, which includes clothes and bedding, and to comply with all rules and regulations as to their removal and burial.

All applications for admission should be forwarded at least three days before the arrival of the Patient, that time may be given for correspondence, and that due preparation may be made for his or her reception. Patients will be received between 8 A.M. and 8 P.M. upon every lawful day.

The board must, in all cases, be paid to the Treasurer in advance, quarterly, at the terms of Whitsunday (15th May), Lammas (1st August), Martinmas (11th November), and Candlemas (2d February); and when the Patient first enters, a full quarter's board, and the proportion of the quarter current at the time, will be required; and there will be no return nor repayment of the board so advanced. It shall include charges of all kinds; no fees being exigible by the Medical or any other Officers on admission or discharge, or at any other time, or upon any pretext whatever.

Visitors will be permitted to see all parts of the House on Wednesdays, between the hours of ten and twelve o'clock, on presenting an order, signed by a Trustee, Director, or one of the Medical Officers, but at no other time; and they are strictly prohibited from seeing or mingling with Patients of any class, without the express sanction of the Resident Medical Officer. The friends or guardians of Patients will be permitted to have free and private communication with them, if convalescent, between ten and twelve o'clock every lawful day; and, in all cases, to see and converse with them in presence of an officer, should such intercourse be considered safe or salutary; but no visitor, friend, or guardian, can be allowed to convey to the Patients any article of food or dress, books, newspapers, &c., without the knowledge and approbation of the Resident Medical Officer.

Patients are not allowed to have a right to any remuneration for their labour; but small rewards will be occasionally given as an encouragement during residence, or a provision on dismissal.

Patients when admitted will be provided with all articles of clothing by the Institution; their own clothes being retained until dismissal or death, when they will be returned to the friends or guardians. Patients when recovered are discharged on the representation of the Resident Medical Officer to the Trustees and Directors, but he is required to communicate with the persons by whom the obligation for board, &c., is signed, before the dismissal of any Patient; should they neglect or refuse to comply with the request for a week after the time fixed for removal in the notice, the rate of board for which they are responsible may be doubled, or the Patient sent to his or her home or parish at their expense.

A fortnight's notice of the intention of friends or guardians to remove a Patient must be forwarded to the Resident Medical Officer.

The Patients will be, under every variety of circumstances, and under every aspect of the malady, visited by the Resident Medical Officer, Matron, and Medical Assistant, always once or twice a-day, and in general they will be inspected, almost every hour, by these or the other Officers. The grand principles of moral treatment upon which the Institution will be conducted are justice, kindness, and occupation; and, by the application of these, the Patients, in so far as is consistent with their condition, will be induced to regard the Asylum as a home, and those to whose care they are entrusted as friends and companions.

Answers to the following Queries are solicited in all cases, if possible, from the MEDICAL ATTENDANT :—

QUERIES.	ANSWERS.
1. Name age, condition, occupation, disposition, amount of education, and general deportment of the Patient.	Robert Walker 26 unmarried, Labourer scarcely able to read well perhaps can't write quiet up till recently
2. What is the cause, predisposing and exciting, moral or physical; and what circumstances may have predisposed to, aggravated, or confirmed the disease?	Dismissed from his employment and impressed with the idea that he was poisoned by his employ
3. Before the incursion of the disease, were there observed any unusual depression or elevation of spirits, any marked alterations in the functions of the body, or in the temper, opinions, conduct, sleep, &c.?	Weak minded from Birth — for some weeks previous to admission was known to be unusually excited — but was not under medical treatment
4. Has the Patient been subject to epilepsy, or other convulsive affections, previous to or during the existence of insanity; and for what other diseases or accidents has medical or surgical treatment been at any time required?	A weak minded silly individual but in every other respect quite robust & healthy.
5. What have been, and are, the prominent symptoms of the malady? has any obvious change in its form occurred; and does it appear to be increasing, declining, or stationary?	Always harmless & quiet up till a week ago, when he became furious & struck a doctor
6. Mention the present state of the external senses; of the appetite, digestion, and evacuations; of the pulse, respiration; and of all other functions, so far as they can be ascertained.	Man having been for any time under my Care, cant satisfy me to these questions.
7. Is this the first attack, or a relapse? by what peculiarity of constitution or manner was it ushered in—if a relapse, of what duration was the lucid interval? and what has been the number of previous attacks?	Weak minded from infancy as stated above — First attack of Mental Excitement
8. What have been, and are, the delusions, habits, peculiarities, and pursuits of the Patient, during the night as well as the day, since the invasion of insanity?	Some exaggerated notions of his personal appearance & attractions — frequently admires — fancying that you admire him & in love with him — attributing his illness to wearing a moustache
9. Does the Patient manifest any disposition to commit suicide? has he made any attempts to do so, and by what means?	On the occasion of his apprehension called for some "Holes" of arsenic
10. Does the Patient manifest any disposition to injure other persons or property—to cherish any malicious design—or is the morbid train of thought excited by any particular subject or event?	No destructive tendencies so far as known or developed to injure others — When reference is made to his wearing a moustache or other remarks the morbid train of thought is excited
11. Is the Patient or his relatives subject to any hereditary, nervous, or periodical disease, and what? or have they manifested any peculiarity, eccentricity, or prominent propensity, or tendency to crime?	A number of his relatives weak in intellect & nervous
12. What treatment has been resorted to, for what length of time, and with what success?	Has been under treatment
13. How long has the Patient been insane? or has he ever been in any public asylum or private mad-house?	Never been in any Public Asylum or Mad House

William Richardson M.D.
Superintendent of Asylum

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) County of Dumfries *and his Substitutes,*—

The Petition of Thomas Brown, Sanquhar,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Hunter or Brown is at present in a state of Mental Derangement, and 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 or Brown her to the Southern Counties Asylum and to sanction ~~his~~ her admission into the said Asylum.

(SIGNED) Thomas Brown

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

DATED this eighteenth (3) day of June one thousand eight hundred and Sixty.

STATEMENT.

If any 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 or Brown
2. Sex and Age,	Female — Aged 63 — years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Kept House to her husband & family
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Sanquhar
7. Place where Found and Examined,	Sanquhar
8. Length of time Insane,	One & a half years
9. Whether first Attack,	No —
10. Age (if known) on first Attack,	55 years
11. When and where previously under Examination and Treatment,	Sanquhar
12. Duration of existing Attack,	18 Months
13. Supposed Cause,	Pain in Amputated Arm
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 — Chargeable to Husband
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,	Wm Robert Brown Glenmuir Thomas Brown, Sanquhar Husband — None of the family Insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

(SIGNED)* *Name,* Thos. Brown

DATED this eighteenth day of June one thousand eight hundred and Sixty

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1200.

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.*

I, the undersigned, Thomas Boyle Greenlees being a (1) Licentiate of the Royal College of Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Sanquhar in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Mrs Brown or Margaret Hunter Brown, and that the said Mrs 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.:—

(4) *Insert 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) Her speech and her things which don't exist, and is afraid of them. believes that the witches do kill, that Lord Glentrine will marry her in many respects sensible.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her daughter Jane Brown speaks of the same. I have myself observed and mention the same at times is fearful of poison being in the food and refuses to eat it.

(SIGNED) *Name and Medical Designation,* Thos Greenlees

Place of Abode, Thornhill

DATED this twenty fourth day of June One thousand eight hundred and sixty

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.*

I, the undersigned, Surgeon 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) the House of Sanquhar in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Margaret Hunter or Brown residing at Bank Head, Sanquhar and that the said Margaret Hunter or 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.:—

(4) *Insert 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 believes things which do not exist - viz that she is troubled by Hobgoblins and Hobgoblins that she is sick, and has a great annoyance from Witches and threats being poisoned.

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7) Her daughter Jane Brown corroborates the above and states that she gets sometimes refuses her food and states the members of the household

(SIGNED) *Name and Medical Designation,* Wm Kay Surgeon

Place of Abode, Sanquhar

DATED this sixth day of June one thousand eight hundred and sixty

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 Ritchie Grotton Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas Brown residing in Sanquhar Certificates under the hands of Thomas Boyle Pierson and William 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) Margaret Hunter or Brown residing in Sanquhar and that the said Margaret Hunter or 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 Margaret Hunter or Brown as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Hunter or Brown which accompanied the said Petition.

(SIGNED) John Ritchie

DATED this 25th day of June one thousand eight hundred and Sixty

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.

976
Mary L. Nowlan of Boston
1876

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) Shire of Dumfries *and his Substitutes,—*

The Petition of Johnston Ewart Mainriddel Colvend humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Aitken or Ewart my 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 Aitken or Ewart to the Dumfries Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) Johnston Ewart

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

DATED this 22 (3) day of June one thousand eight hundred and sixty.

STATEMENT.

If any 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 Ewart or Aitken
2. Sex and Age,	Female. About fifty years of age
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Wife of a millwright
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Mainriddel - Colvend
7. Place where Found and Examined,	Mainriddell
8. Length of time Insane,	About fifteen months
9. Whether first Attack,	Yes.
10. Age (if known) on first Attack,	49.
11. When and where previously under Examination and Treatment,	At Home
12. Duration of existing Attack,	Fifteen Months
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. Christian Name 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,	Johnston Ewart her husband None of her relatives have ever been insane.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

(SIGNED)* *Name,* Johnston Ewart

DATED this Nineteenth day of June one thousand eight hundred and Sixty

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1260.

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 Anderson Surgeon being a (1) L. R. C. S. Edinburgh and being in actual practice as a (2) Surgeon at Mains Riddell, Ol hereby certify, on soul and conscience, that I have this day, at (3) Mains Riddell Parish of Colvend Kirkcudbright in the County separately from any other Medical Practitione visited and personally examined (4) Margaret Ewart or Aitken Mains Riddell Kirkcudbrightshire and th the said Margaret Ewart or Aitken is a (5) Lunatic 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) Observes Speechless all Kinds of Shapes, & intervalls of darkness, an things indicating Insanity

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Davis Peacock, Mains Riddell Colvend states tha Margaret Ewart or Aitken is no gretto differe in Manners & Appearance from what she formerly a

(SIGNED) *Name and Medical Designation,* Robt. Anderson

Place of Abode Surgeon, Mains Ca

DATED this Nineteenth day of June One thousand eigh hundred and Sixty

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 Gibb M.D 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) Southern Counties Asylum Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Margaret Ewart or Aitken and that the said Margaret Ewart or Aitken is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, 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 great dread of approaching evil is very restless and Incoherent

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

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

(SIGNED) *Name and Medical Designation,* James Gibb

Place of Abode Crichton Royal Dumfries

DATED this 22 day of June one thousand eigh hundred and Sixty

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in case 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, James Gilchrist Gordon (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Thomas Ewart,
Mainsridell, Edward
Certificates under the hands of Robert Anderson
and James Gilchrist, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Ewart or Aitken and that the said
Margaret Ewart or Aitken is a (Lunatic & of unsound mind)
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Ewart or Aitken as a Patient into the (5) Public Asylum of Southern Counties Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Ewart or Aitken which accompanied the said Petition.

(SIGNED) _____

DATED this Twenty Second day of June one thousand eight hundred and Sixty years

To the Superintendent of the (6) 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.

443
Mrs Ann Mann or Bacon
22/6/60

(*) Sheriff or Steward.
(†) Date or Warrant.

(*) The date of the Petition must be within a fortnight after date of following Certificate of the Medical Certificate.

1. Christian Name and Surname, length, .
2. Sex and Age,
3. Married, Single, or Widow
4. Condition of Life, and Occupation (if any),
5. Religious Persuasion,
6. Previous Place of Abode
7. Place where Found and by whom
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack
11. When and where previously under Care and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epileptic Fits
15. Whether Suicidal,
16. Whether Dangerous to others
17. Parish or Union to which Pauper) is Chargeable,
18. Christian Name and Surname, Abode of nearest known Relation, Patient, and degree of Relationship known), and whether Member of Family known to be informed of the case,
19. Special circumstances (if any) tending to the insertion of any of the above

I certify, that, to the best of my

Dated this 24

Lunacy Board.—Form No. 27.—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) County of Dumfries *and his Substitutes,*—

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Bell is at present in a state of Mental Derangement, and 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 Bell to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) John Dinwoodie Inspector

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

DATED this 26th (2) day of June one thousand eight hundred and Sixty

STATEMENT.

If any 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 Bell
2. Sex and Age,	Female – 67 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Washerwoman
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Hospital Dumfries
7. Place where Found and Examined,	~~Hospital~~ Dumfries
8. Length of time Insane,	Not known
9. Whether first Attack,	The fourth attack
10. Age (if known) on first Attack,	Not known
11. When and where previously under Examinations and Treatment,	Dumfries & Southern Counties Asylum
12. Duration of existing Attack,	About Six Weeks
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. Christian Name 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,	No
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	Not exactly known

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

(SIGNED)* *Name,* John Dinwoodie Insp.

DATED this 26th day of June one thousand eight hundred and Sixty

* 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* and being in actual practice as a (2)

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

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians & Surgeons Glasgow and College of St Andrews, Physician hereby certify, on soul and conscience, that I have this day, at (3) Hospital Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Bell and that the said Elizabeth Bell 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.:—

(4) *Insert 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 states that she is miserable and cannot rest she by day & night has great fears for the safety of her soul &c &c

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

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

(SIGNED) *Name and Medical Designation,* Wmarshall M.D.

Place of Abode, Buccleugh Street Dumfries

DATED this 26th day of June One thousand eight hundred and Seventy 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* and being in actual practice as a (2)

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

I, the undersigned, William Scott being a (1) Graduate of the University of Edinburgh Physician in Dumfries hereby certify, on soul and conscience, that I have this day, at (3) the Hospital Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Bell and that the said Elizabeth Bell 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.:—

(4) *Insert 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) Her delusion she is nocturnal & is sleepless. and I am aware that she has been in a Lunatic Asylum for previous attacks of similar illness.

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

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

The Matron of the Hospital states & means that she is restless and has delusions as to her future safety

(SIGNED) *Name and Medical Designation,* B. Scott M.D.

Place of Abode, Dumfries

DATED this 26th day of June one thousand eight hundred and 60.

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 Emer-

gency, 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 Pitcairn Fyffe Sheriff Substitute of the (1) County of Dumfries having had produced to me, with a Petition at the instance of (2) John Dinwoodie Inspector of Poor of the parish of Dumfries Certificates under the hands of William Marshall M.D and William Scott M.D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (3) Elizabeth Bell a pauper at the Hospital here and that the said Elizabeth Bell is a (4) Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Bell as a Patient into the (5) Public Asylum of Southern Counties Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Bell which accompanied the said Petition.

(SIGNED) John P. Fyffe

DATED this 21st day of June one thousand eight hundred and Sixty

To the Superintendent of the (6) 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.

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) J. Steward *of the* (2) Stewartry of Kirkcudbright *and his Substitutes,—*

The Petition of Catharine Shennan Turner

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Turner is at present in a state of Mental Derangement, and 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 Turner to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) Catharine Shennan Turner

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

DATED this Thirtieth (3) day of June one thousand eight hundred and Fifty four

STATEMENT.

If any 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 Turner
2. Sex and Age,	Male Fifty five
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Joiner
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Kirkpatrick Durham Village
7. Place where Found and Examined,	Kirkpatrick Durham Village
8. Length of time Insane,	Four weeks at present on a former attack one week and again on a former attack six weeks
9. Whether first Attack,	No
10. Age (if known) on first Attack,	Forty Six
11. When and where previously under Examination and Treatment,	Kirkpatrick Durham Village
12. Duration of existing Attack,	Four weeks
13. Supposed Cause,	Whisky
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Rather Dangerous
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not a Pauper
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Catharine Shennan or Turner Kirkpatrick Durham Village. Wife No Member of his family ever insane so far as known
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,* Catharine Shennan Turner

DATED this Thirtieth day of June one thousand eight hundred and Fifty

* To be Signed by the Party applying.

Lunacy Board, Dec.—57.—1240.

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.*

I, the undersigned, James P. P. Lester being a (1) Licentiate of the Faculty of Physicians and Surgeons in Glasgow and Surgeon (2) hereby certify, on soul and conscience, that I have this day, at (3) Kirkpatrick Durham village — in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Thomas Turner, residing Kirkpatrick Durham Village and the said Thomas Turner 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.:—

(4) *Insert 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) A constant r both day and night with attempts to do bodily harm to and friends - Necessity of confining hands & feet continually

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Information derived from Wife & Brother in law threatened to put an end to himself & wanted a Razor - Would poison some attending upon him if at liberty

(SIGNED) *Name and Medical Designation,* Jas. P. P. Lester, Surg

Place of Abode, Kirkpatrick Durham Village

DATED this twenty ninth day of June One thousand eight hundred and Sixty

---

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.*

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 Practitioner, visited and personally examined (4) and that 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.:—

(4) *Insert 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)

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

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

(SIGNED) *Name and Medical Designation,* _____

Place of Abode, _____

DATED this day of one thousand eight hundred and

A Second Certificate in this Case sent by me to the Board of Lunacy 12/8/60 Kirkcudbright

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in case 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 Thomas Turner is a(1) Insane Person hereby further certify that the Case of the said Thomas Turner is One of Emergency, and I recommend the immediate removal of the said Thomas Turner to an Asylum accordingly.

Name, James P. P. Lester, Surgeon

Place of Abode, Kirkpatrick Durham Village

Dated this Twenty ninth day of June one thousand eight hundred and Sixty Eight

(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 Hyacinth Drummond(1) Steward Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Catherine Shennan Turner in Kirkpatrick Durham Certificates under the hands of James P. P. Lester

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, . . .
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. Christian Name 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, ...
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,* _____

Dated this day of one thousand eight hundred and

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1200.

MEDICAL CERTIFICATE, No. I.

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

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

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

I, the undersigned, James P. P. Lester being a (*) Licentiate of the Faculty of Physicians and Surgeons in Glasgow Surgeon and being in actual practice as a (*) — hereby certify, on soul and conscience, that I have this day, at (*) — Kirkpatrick Durham village — in the County of Kirkcudbright — separately from any other Medical Practitioner, visited and personally examined (*) Thomas Turner, residing Kirkpatrick Durham village and (*) the said Thomas Turner is a (*) 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.:—

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

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

(*) *State the facts.*

1. Facts indicating Insanity observed by myself: (*) A constant [illegible] both day and night with attempts to do bodily harm to [illegible] and friends - Necessity of confining hands & feet continually

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

2. Other facts (if any) indicating Insanity communicated to me by others: (*) Information derived from Wife & Brother who [illegible] Threatened to put an end to himself & wanted a Razor - Would poison some attending upon himself at Meals

(SIGNED) *Name and Medical Designation,* Jas. P. P. Lester, Surg

Place of Abode, Kirkpatrick Durham Village

DATED this twenty ninth day of June One thousand eight hundred and Sixty

MEDICAL CERTIFICATE, No. II.

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

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

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

I, the undersigned, James Gelebrand M[illegible] being a (*) Graduate of the Universities of Edinburgh & Cambridge Physician and being in actual practice as a (*) Physician hereby certify, on soul and conscience, that I have this day, at (*) Carlisle Royal Infirmary Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (*) Thomas Turner a Lunatic & Pauper at Kirkpatrick Durham and that the said Thomas Turner is a (*) Person of unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

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

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

(*) *State the facts.*

1. Facts indicating Insanity observed by myself: (*) He is troublesome excited incoherent and destitute of all self control

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

2. Other facts (if any) indicating Insanity communicated to me by others. (*) Ramps raving and shouts as stated by his attendant

(SIGNED) *Name and Medical Designation,* James Gelebrand M.

Place of Abode, Carlisle Cumberland

DATED this Seventeenth day of August one thousand eight hundred and Sixty

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in case 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 Thomas Turner is a (1) Insane Person hereby further certify that the Case of the said Thomas Turner is One of Emergency, and I recommend the immediate removal of the said Thomas Turner to an Asylum accordingly.

Name, James P. P. Lester, Surgeon

Place of Abode, Kirkpatrick Durham Village

DATED this Twenty Ninth day of June one thousand eight hundred and Sixty Eight

(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 Hyacinth Dunbar (1) Steward Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Catherine Shennan Turner in Kirkpatrick Durham Certificates under the hands of James P. P. Lester and , 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) Thomas Turner — and that the said Thomas Turner is a (5) an insane person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Turner as a Patient into the (6) private Asylum of Crichton Royal Institution and I authorise this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Turner which accompanied the said Petition.

(SIGNED) W H Dunbar

DATED this Thirtieth day of June one thousand eight hundred and Sixty years

To the Superintendent of the (7)
Private *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, or Private.
(7) Public, District, or Private.

847

Wm Thomas Parsons

1/2/60

908

7/2/62

2

20 & 21 *Vict., Cap.* 71, *Sect.* 54.

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 or Shire of Dumfries and his Substitutes,—

The Petition of Joseph Welsh Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth White residing at Maxwelltown is at present in a state of Mental Derangement, and 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 White to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) Joseph Welsh

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

DATED this Third (3) day of July one thousand eight hundred and Sixty 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 White
2. Sex and Age,	Female 41 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	Brewery St Dumfries
7. Place where Found and Examined,	Dalkeith Dumfries
8. Length of time Insane,	Four days
9. Whether first Attack,	2nd Attack
10. Age (if known) on first Attack,	41 years
11. When and where previously under Examination and Treatment,	Dalkeith Dumfries
12. Duration of existing Attack,	Since Thursday last.
13. Supposed Cause,	Supposed to be from a beating given to her by a man she cohabited with
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,	Parish of Kirkpatrick
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,	None of his family are known to the Inspector
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*, Joseph Welsh

DATED this Third day of July one thousand eight hundred and Sixty years

* To be Signed by the Party applying.

Lunacy Board,—Dec.—37.—1200.

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 Scott being a (1) Graduate of the University of Edin
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) College
in the Coun
Marquetton
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth White
and
the said Elizabeth White 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) declare that
the devil is rumbling up & down in
stomach. says the world is turned upside
down and has many delusions

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
the mother says she attempts to
throw herself upon the window and screamed
many delusions.

(SIGNED) *Name and Medical Designation,* W Scott

Place of Abode, Dumfries

DATED this 3 day of July One thousand eight
hundred and 60

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 Shoolbred M. D.
being a (1) ~~Physician~~ Graduate University Edin
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 11 College
in the County
~~Kirkcudbright~~ St Maxwellton
separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth White, Pauper
and
the said Elizabeth White 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)
Delusions (foreseeing that something has been put
into her abdomen) confusion of ideas
especially as to dates & time - Excitement

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7)
attendants state that she attempted
to leap out at Window

(SIGNED) *Name and Medical Designation,* John Shoolbred M.D

Place of Abode, Buccleuch St Dumfries

DATED this 3 day of July one thousand eight
hundred and fifty

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 Gideon Heller Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Joseph Welsh Inspector of Poor Dregueer Certificates under the hands of William Scott Physician and John Clerkson 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) Elizabeth White a Pauper residing in Maxwelton and that the said Elizabeth White is a (5) Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth White as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth White which accompanied the said Petition.

(SIGNED) John Gideon Heller

DATED this Third day of July one thousand eight hundred and Sixty

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.

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 (2) Berwick *and his Substitutes,—*

The Petition of Jacob Milligan Inspector of Poor for the Parish of Dunse humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane McKinlay residing at Longformacus is at present in a state of Mental Derangement, and 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 McKinlay to the Northern Counties Asylum and to sanction her admission into the said Asylum.

(Signed) Jacob Milligan

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

Dated this Fourth (3) day of July one thousand eight hundred and Sixty 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 McKinlay
2. Sex and Age,	Female about 70 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Free Church, Member & Communicant
6. Previous Place of Abode,	—
7. Place where Found and Examined,	Her own house
8. Length of time Insane,	She has been growing so for some time, about 12 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,	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,	Dunscore
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,	William McKinlay, Thornhill, a Brother she is the first
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,* Jacob Milligan

Dated this Fourth day of July one thousand eight hundred and Sixty years

* To be Signed by the Party applying.

Lunacy Board,—Dec.—37.—1240.

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, ~~Md Lorimer~~ Andrew Lorimer being a (1) Member of the College of Physicians Ed.

and being in actual practice as a (2) Physician

hereby certify, on soul and conscience, that I have this day, at (3) Swyre Wal

in the County

separately from any other Medical Practitioner

visited and personally examined (4) Jane McKinnley Swyre

and th

the said Jane McKinnley is a (5) person of

Bank 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)

Labouring under Strange delusions such as being

with devils going 4 hints, people shooting might

about the house, him will pgommis, for & 7s. and

law-pleas going on to turn him out of his house

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

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

that (her own words) is commissioned to watch a

Movements and tell them at the Neighbouring

That some person has witched her, and May said

(SIGNED) *Name and Medical Designation,* Md Lorimer M. D

Place of Abode, Lauriston, Glencairn

DATED this 2 day of July One thousand eigh

hundred and sixty 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 Burgess M D & Sur

being a (1) Member of the Faculty of Physicians & Surgeons

Ed

and being in actual practice as a (2) Surgeon

hereby certify, on soul and conscience, that I have this day, at (3) Sooyre h

in the parish of Dunscore in the County

Dumfries

separately from any other Medical Practitioner

visited and personally examined (4) Jane McKinnley Swy

and tha

the said Jane McKinnley is a (5) person of

Unsound Mind and a proper Person to be detained

under Care and Treatment, and that I have formed this opinion upon the following

grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

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

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

I fully concur in all the facts stated in

Certificate No 1.

(SIGNED) *Name and Medical Designation,* Robert Burgess Sur

Place of Abode, Sochenlee Dunscore

DATED this Third day of July one thousand eight

hundred and Sixty

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 Emer-

gency, 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 Pitcairn Grotes, Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Jacob Milligan Inspector of Poor Dumfries Certificates under the hands of Andrew Lorimer Physician and Robert Burgess 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 (Jane Mc Kinley a pauper from Dumfries parish and that the said Jane Mc Kinley 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 Mc Kinley as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Mc Kinley which accompanied the said Petition.

(SIGNED) John P. Grotes

DATED this Fourth day of July one thousand eight hundred and sixty

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.

*180
Jane Ann Wanless
4/12/60

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) Steward *of the* (2) Stewartry of Kirkcudbright *and his Substitute.*

The Petition of Robert Scott Inspector of the Poor of the parish of Kirkpatrick residing in Lindenhouse

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Marion London or Muir a widower residing in Dalry Village in the parish of Dalry and County Stewartry is at present in a state of Mental Derangement, and 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 London or Muir to the Southern Counties Asylum at Dumfries, and to sanction her admission into the said Asylum.

(SIGNED) Robt Scott

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

DATED this fourtte (3) day of July one thousand eight hundred and Sixty

STATEMENT.

If any 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 London or Muir
2. Sex and Age,	Female - fifty four years of age
3. Married, Single, or Widowed,	Widowed
4. Condition of Life, and previous Occupation (if any),	A pauper on the parish of Kirkpatrick for the last eight years formerly the wife of [illegible]
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Not known
7. Place where Found and Examined,	Dalry Examined in Kirkcudbright
8. Length of time Insane,	Supposed take from the 22nd of June
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	Supposed to be about forty five
11. When and where previously under Examination and Treatment,	In Glenmyside Asylum Edinburgh & afterwards in the Southern Counties Asylum Dumfries
12. Duration of existing Attack,	Upwards of twelve days
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	Not Known
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	The parish of Kirkpatrick
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,	Robert London Dalry is a brother but not Known whether dead or alive
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	want of Knowledge

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

(SIGNED)* *Name,* Robt Scott

DATED this fourtte day of July one thousand eight hundred and Sixty

[4]

* To be Signed by the Party applying.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Sanders Shand
being a (1) Graduate M.D of Edin^r University, & Member of the Coll^e
Surgeons of Edinburgh
and being in actual practice as a (2) Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the Prison of
in the County
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Marion Gordon or Muir
and t
the said Marion Gordon or Muir, a Pauper, 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. :—

1. Facts indicating Insanity observed by myself: (6) Her Countenance & Be
constantly singing, dancing & talking incoherently, such as, that her D
her right Carlingwark Loch, & attempted to shoot her, but the Warder succeeded in t
away from him — putting her hand up the side walls, she says, there is Mother, dear
Father

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
By the Governor & Matron of the Prison: That she is incessantly talking
walking, dancing, singing or swearing, attempting to escape by the windows,
all things in the cells not only during day but during night

(Signed) Name and Medical Designation, John S. Shand M.D & Surgeon

Place of Abode, Royal Burgh of Kirkcudbright

Dated this Fourth day of July — One thousand eig
hundred and sixty —

(1) Set forth the qualification entitling the person certifying to grant the certificate; e. g., Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, or otherwise, as the case may be.
(3) Insert the street and number of the house (if any), or other like particulars.
(4) Insert 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 o
separately from any other Medical Practitioner
visited and personally examined (4)
and tha
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)

(Signed) 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 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 *Marion Gordon or Muir, a pauper* is a (*) *Person of unsound Mind* hereby further certify that the Case of the said *Marion Gordon or Muir* is One of Emergency, and I recommend the immediate removal of the said *Marion Gordon or Muir* to an Asylum accordingly.

Name, *John A. Shand*

Place of Abode, *Royal Burgh of Kirkcudbright*

Dated this *Fourth* day of *July* one thousand eight hundred and *Sixty*

(*) 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, *Dana Blair, Esquire* — (2) *Steward Substitute* of the (*) *Stewartry of Kirkcudbright* having had produced to me, with a Petition at the instance of (3) *Robert Scott* [illegible] *Shand*

5. Religious Profession, 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,
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. Christian Name 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,
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,*

Dated this day of one thousand eight hundred and

* To be Signed by the Party applying.

Lunacy Board,—Dec.—17.—1000.

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 Saunders Shand being a (1) graduate M.D of Edinr University, & Member of the Colle of Surgeons of Edinburgh and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Person of Kirkcudbright in the County separately from any other Medical Practitioner visited and personally examined (4) Marion Gordon or Muir and that the said Marion Gordon or Muir a 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. Facts indicating Insanity observed by myself: (6) The Countenance & Ber constantly singing, dancing & talking nonsensically, such as, that her [illegible] two sple Carlings would look & attempted to shoot her, but the learned lawyers [illegible] away from him — pushing her hands up the side walls, she says, there is Mother, and Father

2. Other facts (if any) indicating Insanity communicated to me by others: (7) By the Governor & Matron of the Prison; That she is incessantly talking & walking, dancing, singing or swearing, attempting to escape by the windows, all things in the Cells not only during day but during night

(Signed) Name and Medical Designation, John S. Shand M.D & Surgeon

Place of Abode, Royal Burgh of Kirkcudbright

Dated this Fourth day of July One thousand eight hundred and sixty

---

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 Chisholm being a (1) Graduate of the University of Edinbr and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Marion Gordon or Muir a Pauper — and that the said Marion Gordon Muir 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)
Delusions - Excitability -

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
she also attacked a woman with stones & violent - as reported by Nurse -

(Signed) Name and Medical Designation, John Chisholm M.D.

Place of Abode Buccleuch St. Dumfries

Dated this 18th day of August one thousand eight hundred and sixty

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 *Marion Gordon or Muir, a pauper* is a (1) *Person of unsound mind* hereby further certify that the Case of the said *Marion Gordon or Muir* is One of Emergency, and I recommend the immediate removal of the said *Marion Gordon or Muir* to an Asylum accordingly.

Name, John S. Shand

Place of Abode, Royal Burgh of Kirkcudbright

DATED this *Fourth* day of *July* one thousand eight hundred and *Sixty*

(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, *David Blair Esquire* — (1) *Steward Substitute* of the (2) *Stewartry of Kirkcudbright* having had produced to me, with a Petition at the instance of (3) *Robert Scolla* Certificates under the hands of *John Sanders Shand* and ——————, being ~~a~~ Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Gordon or Muir a pauper* and that the said *Marion Gordon or Muir* 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 Gordon or Muir* 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 *Marion Gordon or Muir* which accompanied the said Petition.

(SIGNED) *David Blair*

DATED this *Fourth* day of *July* one thousand eight hundred and *Sixty*

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.

781

Marion Pardon or Minn

5/2/60

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) shire of Wigton *of* *and his Substitutes,*—

The Petition of Isaac M. Connell, Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret M. Calister is at present in a state of Mental Derangement, and a proper person for treatement in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret M. Calister to the Crichton Asylum, Dumfries and to sanction her admission into the said Asylum.

(SIGNED) Isaac M. Connell Insp^r. of Poor

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

DATED this Ninth (3) day of July One thousand eight hundred and sixty.

STATEMENT.

If any 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 M. Calister
2. Sex and Age,	49 Years old.
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Garlieston, parish of Sorbie
7. Place where Found and Examined,	Whithorn
8. Length of time Insane,	about a week
9. Whether first attack,	first attack
10. Age (if known) on first Attack,	49
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	about a week
13. Supposed Cause,	not ascertained
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no, except on occasion struck at her son with a hegney candlestick
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Whithorn parish in the meantime: It is supposed her settlement will be in Glasserton parish.
18. Date of becoming Chargeable,	on 5 July 1860
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,	Her son James Donnan, Whithorn. None 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.

(SIGNED)* *Name* Isaac M. Connell Inspector

DATED this Ninth day of July One thousand eight hundred and sixty

* To be signed by the Party applying.

P. 5.

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, Dunbar White being a (1) Graduate in Medicine of the Edinburgh University and a Licentiate of the Royal College of Surgeons Edinr. and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Whithorn in the County of Wigton separately from any other Medical Practitioner, visited and personally examined (4) Margaret Mc Alister, a maid-servant at present residing in the house of her Brother-in-law in Whithorn and that the said Margaret Mc Alister 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) The patient is restless, moves about if not restrained, has an excited, anxious, & terrified aspect, and seems at present influenced mainly by the delusion that her friends are plotting against her life. She fancies at times that some other person is the Devil. That her sister has known something upon her to ruin her. That her brother & sister were intending without her consent to be ill.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Under the delusion that she was going to kill her, her sister says she lifted a wooden instrument, & would have struck him with it if he had not caught hold of her. She is said to refuse food because she fancies there is poison in it.

(SIGNED) *Name and Medical Designation,* Dunbar White M. D.

Place of Abode, Whithorn

DATED this Seventh day of July One thousand eight hundred and Sixty-

---

MEDICAL CERTIFICATE, No. II.

(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, Alex[r] M[c] Millan being a (1) Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Surgeon in Whithorn hereby certify, on soul and conscience, that I have this day, at (3) Whithorn in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Margaret M[c] Alister Maid Servant at present residing in her brother in laws House and that the said Margaret M[c] Alister 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) A restlessness constantly of the hands sitting at ten o'clock before noon on a week day with her Sunday clothes in the window sill outside and would not move nor assign a reason for her conduct refused to take either diet or medicine.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Without any provocation at three o'clock in the morning offered violence to her son and broke two panes of Glass

(SIGNED) *Name and Medical Designation,* Alex[r] M[c] Millan Surgeon

Place of Abode, Whithorn

DATED this 7th day of July One thousand eight hundred and Sixty

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, Macduff Rhind, Esquire, Advocate (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Isaac McConnell Inspector of Poor
Certificates under the hands of Dunbar White M. D.
and Alexander McMillan, 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)
Margaret McCalister, pauper and that the said
Margaret McCalister is a (5) lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret McCalister as a Patient into the (6) Crichton 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
which accompanied the said Petition.

(SIGNED) M. Rhind

DATED this tenth day of July One thousand eight hundred and sixty

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

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) Steward of the (2) Stewartry of Kirkcudbright and his Substitutes,—

The Petition of James Thomson, Inspector of Poor

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Mc Nellie, 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 George Mc Nellie, a Pauper, to the Crichton Royal Institution, Dumfries and to sanction his admission into the said Asylum.

(SIGNED) James Thomson

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

DATED this Eleventh (3) day of July One thousand eight hundred and Sixty

---

STATEMENT.

If any 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 Nellie
2. Sex and Age,	28 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Stone breaker for Roads
5. Religious Persuasion, so far as known,	Attended Free Church of Scotland
6. Previous Place of Abode,	Kirkcudbright
7. Place where Found and Examined,	Kirkcudbright
8. Length of time Insane,	About three weeks
9. Whether first attack,	Had a slight attack about a year and a half ago
10. Age (if known) on first Attack,	26 years
11. When and where previously under Examination and Treatment,	Kirkcudbright
12. Duration of existing Attack,	About Three weeks
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Showed Suicidal symptoms a few days ago
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Kirkcudbright
18. Date of becoming Chargeable,	July. Seventh 1860
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,	Mary Mc Nellie or Beattie - High Street Kirkcudbright. Mother of Pauper No other Member 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.

(SIGNED)* Name, James Thomson, Inspector of Poor

DATED this Eleventh day of July One thousand eight hundred and Sixty

* To be signed by the Party applying.

P. T.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Archd K Campbell being a (1)

and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) George McMillan Pauper and that the said George McMillan 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) Attempted Suicide appearantly Religious Melancholy

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

(Signed) *Name and Medical Designation,* Archd K Campbell Surgeon

Place of Abode, Kirkcudbright

Dated this 10th day of July One thousand eight hundred and 60

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

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

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

(4) *Insert 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, David Blair being a (1) L.R.C.S.E. and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) George McMillie a Pauper and that the said George McMillie 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)

His low melancholy state.

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

From his having attempted to commit Suicide, and conduct generally.

(Signed) *Name and Medical Designation,* David Blair Surgeon

Place of Abode, Kirkcudbright

Dated this 11th day of July One thousand eight hundred and Sixty

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

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

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

(4) *Insert 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 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

(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 Hyacinth Dumbar (1) Steward Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) James Thomson
Inspector of Poor of the Parish of Kirkcudbright
Certificates under the hands of Archibald K. Campbell
and Denis J. Blair, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Mc Neillie - a pauper and that the said
George McNeillie is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said George Mc Neillie 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 Mc. Neillie which accompanied the said Petition.

(SIGNED) W. H. Dumbar

DATED this twenty-fourth day of July One thousand eight hundred and sixty

To the Superintendent of the (7)
Public Asylum of the Southern Asylum Counties 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, or Private.
(7) Public, District, or Private.

No 3
George St Hamilton
13/2/60

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) County *of* Dumfries *and his Substitutes,*—

The Petition of Benjamin Bell

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Bell is at present in a state of Mental Derangement, and 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 Bell to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(Signed) Benjamin Bell

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

Dated this 13th (3) day of July one thousand eight hundred and Sixty

STATEMENT.

If any 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 Bell
2. Sex and Age,	Female, aged 37 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Housewoman
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Dumfries, Nith Bank
7. Place where Found and Examined,	Roseburn
8. Length of time Insane,	About a week
9. Whether first Attack,	Second
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	In Crichton Institution
12. Duration of existing Attack,	about a week
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Benjamin Bell, Roseburn Brother. No other member of family has ever been insane
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, Benjamin Bell

Dated this 13th day of July one thousand eight hundred and Sixty

* To be Signed by the Party applying.

Lunacy Board.—Dec.—37.—1200.

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.*

I, the undersigned, Alexander Bertram M.D. L.R.C.P. being a (1) Graduate 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) Rosebank in the County of Dumfries

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

separately from any other Medical Practitioner, visited and personally examined (4) Miss Margaret Bell, Rosebank and am

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

of opinion that the said Margaret 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) Declined answering any questions, and seemed very much excited, requiring persons to restrain her

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The two female attendants stated that she was violent, and attempted to injure herself, sings aloud, at other times very depressed

(SIGNED) *Name and Medical Designation,* Alex. Bertram M.D.

Place of Abode, Dumfries

DATED this 13th day of July One thousand eight hundred and sixty 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.*

I, the undersigned, James Greene of the University of Edinburgh, being a (1) Graduate of the Royal College of Surgeons Edin and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Rosebank in the County of Dumfries

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

separately from any other Medical Practitioner, visited and personally examined (4) Miss Margaret Bell, Rosebank and the

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

said Miss Margaret 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) Obstinate taciturnity violent excitement, requiring personal restraint

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7) Great excitement, dangerous to herself and to

(SIGNED) *Name and Medical Designation,* James Greene M.D.

Place of Abode, Dumfries

DATED this 13th day of July one thousand eight hundred and sixty

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 Miss Margaret Bell is a (1) person of unsound mind hereby further certify that the Case of the said Margaret Bell is One of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

Name, Alexr Borthwick M. D.

Place of Abode, Dumfries

DATED this 13th day of July one thousand eight hundred and fifty years

(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 Pitcairn Scotter (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Benjamin Bell of Kirkbank certificates under the hands of Alexander Borthwick M.D. and James Grieve 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) Margaret Bell Kirkbank Dumfries and that the said Margaret 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 Margaret Bell as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Bell which accompanied the said Petition.

5/-

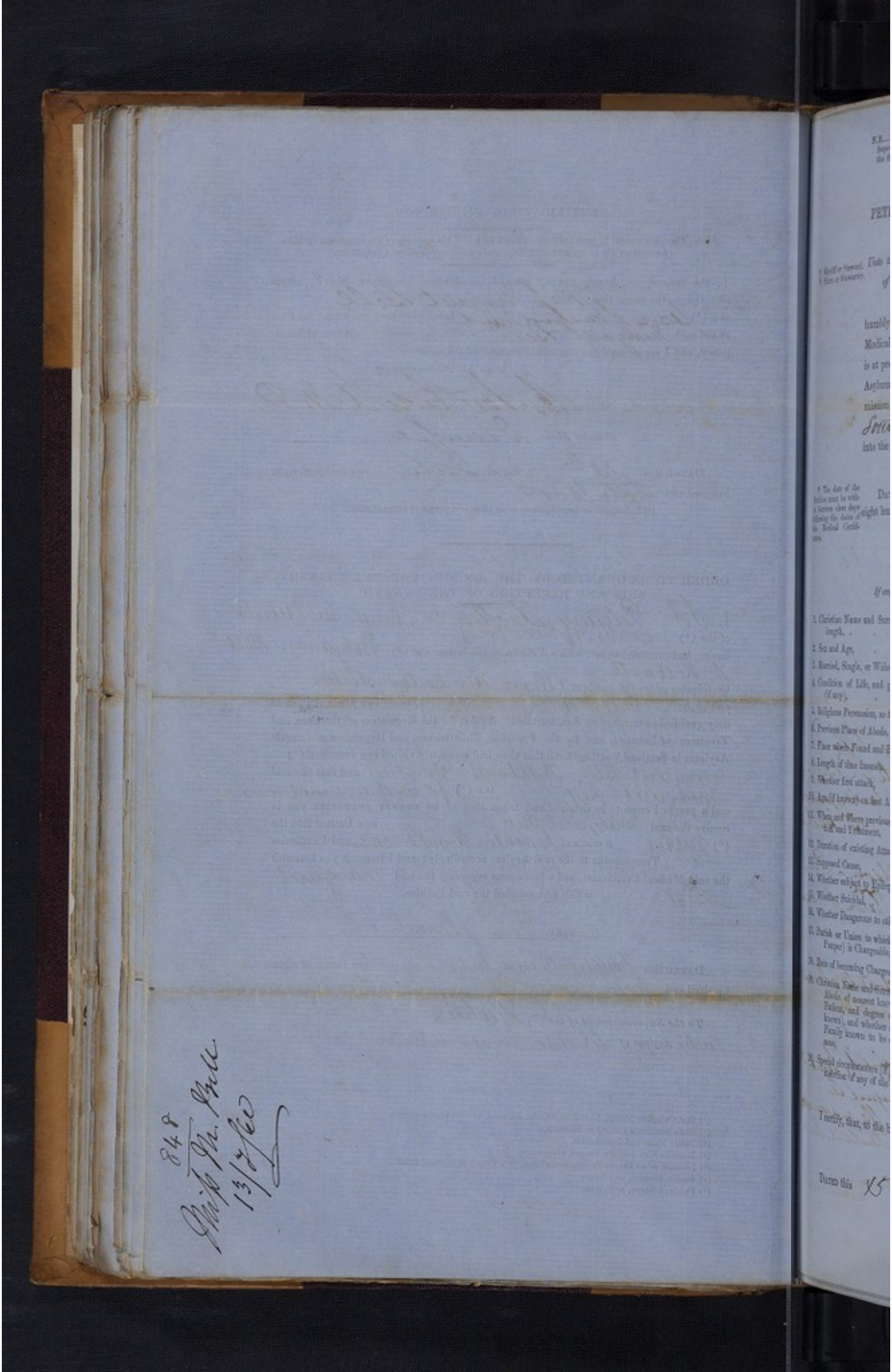
(SIGNED) Wm P Scotter

DATED this Fourteenth day of July one thousand eight hundred and Sixty years

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

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) County of Dumfries and his Substitutes,

The Petition of William Hamilton Inspector of Poor Holywood humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Wilson a pauper residing at Morningtar is at present in a state of Mental Derangement, and 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 Wilson to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(SIGNED) Wm Hamilton

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

DATED this 15th (3) day of July One thousand eight hundred and sixty

STATEMENT.

If any 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 Wilson
2. Sex and Age,	Male - Near 60
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Blacksmith
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Morningtar Holywood
7. Place where Found and Examined,	
8. Length of time Insane,	Upwards two years
9. Whether first attack,	Yes.
10. Age (if known) on first Attack,	58
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,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Holywood
18. Date of becoming Chargeable,	15th July 1860
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 + David Wilson his Sons A Sister imbecile
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.

(SIGNED)* Name, Wm Hamilton

DATED this 15th day of July One thousand eight hundred and Sixty

* 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 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) 19 St Nicholas
Street Dumfries
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Robert Wilson a Pauper
residing at Moorington Holywood and that
the said Robert 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 following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Delusions with reference to his wife's Chastity,

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His son and his neighbour James Moore state that he
assaulted his wife this morning that he threatens those
of his neighbours for their attachment to his wife

(SIGNED) *Name and Medical Designation,* William Scott MB

Place of Abode, Dumfries

DATED this 15th day of July One thousand eight hundred and 60

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 Berthwick M.D.
being a (1) Graduate 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) 19 St Nicholas
Street Dumfries
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Robert Wilson a Pauper
residing at Moorington, Holywood and that
the said Robert 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Delusions regarding his wife's chastity & threats
regarding those by whom he is jealous

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His son and James Moore state that he frequently
abuses his wife & threatens to injure them &
his neighbours that he is very violent & quarrelsome

(SIGNED) *Name and Medical Designation,* Alex Berthwick, Med

Place of Abode, Dumfries

DATED this 15th day of July One thousand eight hundred and Sixty

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 Robert Wilson is a (1) Lunatic hereby further certify that the Case of the said Robert Wilson is One of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

Name, William Scott M.D

Place of Abode, Dumfries

DATED this 16th day of July One thousand eight hundred and 60

(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 Edgar Trotter Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Hamilton, Inspector of the Poor of the parish of Holywood Certificates under the hands of William Scott and Alexander Borthwick, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Wilson a pauper, residing at Mormiston Holywood and that the said Robert Wilson is a (5) Lunatic & of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Wilson 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 Robert Wilson which accompanied the said Petition.

(SIGNED) Wm Scott Wilson

DATED this 16th day of July One thousand eight hundred and Sixty

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.

784
Robert Wilson
15/7/60

Robert Wilson
784
15/7/60

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) County of Dumfries *and his Substitutes,*—

The Petition of William Norwood

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Mc Gaan residing in Manchline is at present in a state of Mental Derangement, and 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 Mc Gaan to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(Signed) William Norwood

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

Dated this 18th (*) day of July one thousand eight hundred and Sixty

STATEMENT.

If any 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 Mc Gaan
2. Sex and Age,	Female Aet 16
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Orphan, resident with an Uncle
5. Religious Persuasion, so far as known,	Established
6. Previous Place of Abode,	Manchline
7. Place where Found and Examined,	Crichton Institution
8. Length of time Insane,	Two years
9. Whether first Attack,	First attack
10. Age (if known) on first Attack,	Aet 14
11. When and where previously under Examination and Treatment,	D. Smith Manchline
12. Duration of existing Attack,	Two years
13. Supposed Cause,	Epilepsy
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,	Private Patient
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	John Mc Jaan Communicant brother William Norwood uncle and guardian Manchline
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,* William Norwood

Dated this 18th day of July one thousand eight hundred and Sixty

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1240.

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, Matthew Faulds Manchline being a (1) qualified Surgeon Glasgow and being in actual practice as a (2) 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) Jane McGaan residing at Manchline and the said Jane McGaan is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
she says strange things & laughs without a cause & will not take food unless in presence

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
she will well not be controlled by her Attendants & speaks bad language

(SIGNED) *Name and Medical Designation,* M Faulds Surgeon

Place of Abode, Manchline

DATED this 18th day of July One thousand eight hundred and sixty

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 Grainger Stewart 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) Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Jane Mc Gaan formerly resident in Manchline and the said Jane Mc Gaan is a (5) person of unsound 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) At restless and apt to weep without cause. Talks incoherently and has delusions as to the actual condition of her body—

2. Other facts (if any) indicating Insanity communicated to me by others. (7)
Informed by her uncle Mr Norwood that she has been subject to Epilepsy. & and that she has become irritable and beyond the control of

(SIGNED) *Name and Medical Designation,* Hugh G. Stewart

Place of Abode, Crichton Royal Institution

DATED this Eighteenth day of July one thousand eight hundred and sixty years.

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 Jane McGaan is a (1) Lunatic hereby further certify that the Case of the said Jane McGaan is One of Emergency, and I recommend the immediate removal of the said Jane McGaan to an Asylum accordingly.

Name, M Faulds Surgeon

Place of Abode, Mauchline

DATED this 18th day of July one thousand eight hundred and Sixty

(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.

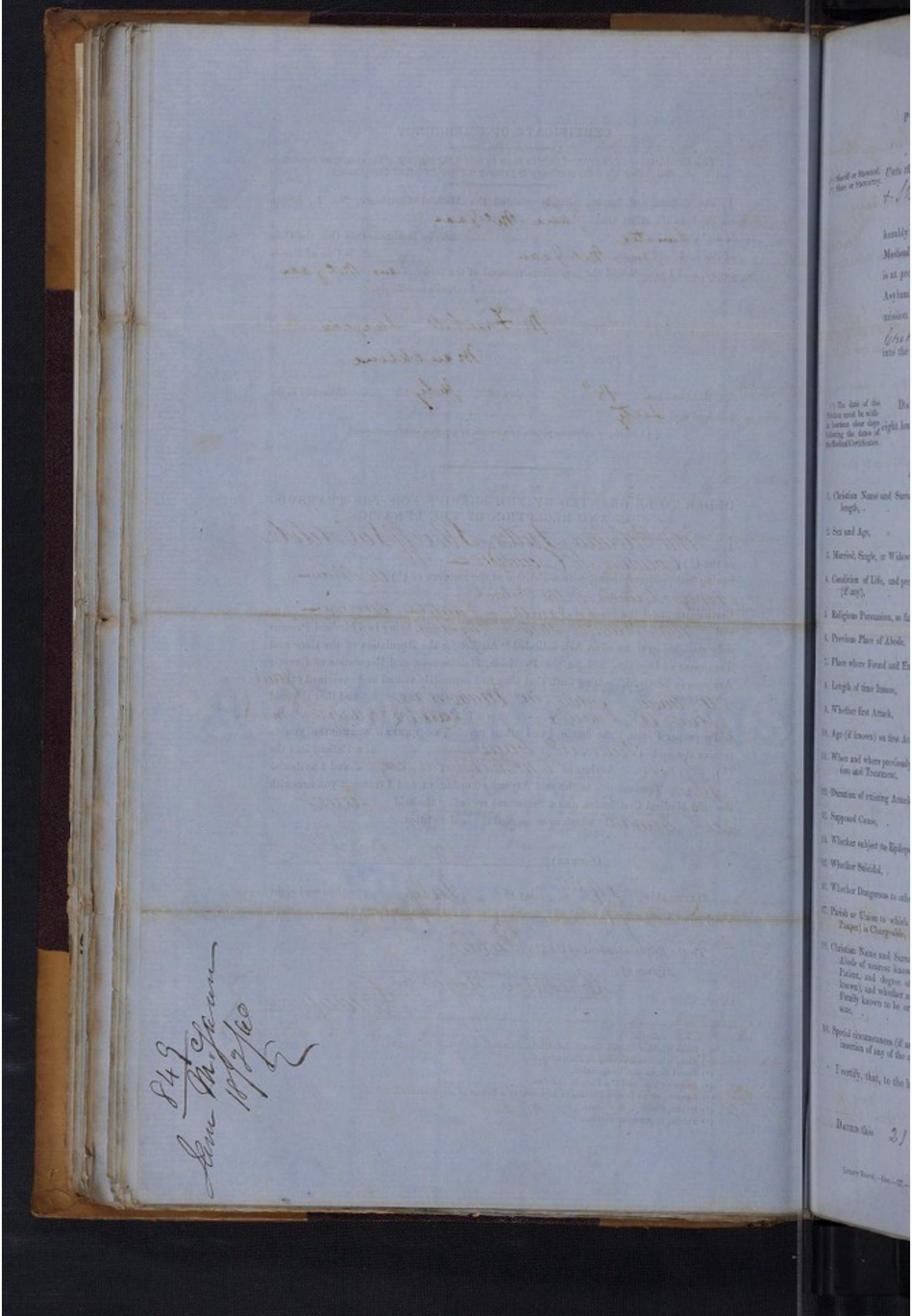
I, John Dickson Fyfe Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Norwood, Uncle of the Patient Certificates under the hands of Mathew Faulds, Surgeon and Hugh Grainger Stewart Physician being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Mc Gaan residing in Mauchline and that the said Jane Mc Gaan is a (5) Lunatic & of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Mc Gaan as a Patient into the (6) Public Asylum of Crichton Royal at Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Mc Gaan which accompanied the said Petition.

(SIGNED) John D Fyfe

DATED this 19th day of July one thousand eight hundred and sixty

To the Superintendent of the (7) Public *Asylum of* Crichton Royal 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, or Private.
(7) Public, District, or Private.



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) Count & Shire *and his Substitutes,—*

of Dumfries

The Petition of James Crawford

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that his Daughter Eliza Crawford is at present in a state of Mental Derangement, and 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 Crawford to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(Signed) James Crawford

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

Dated this Twentyfirst (1) day of July one thousand eight hundred and forty-

STATEMENT.

If any 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 Crawford
2. Sex and Age,	Female 26 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Teacher
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Glasgow
7. Place where Found and Examined,	—
8. Length of time Insane,	two years
9. Whether first Attack,	First
10. Age (if known) on first Attack,	24 years
11. When and where previously under Examination and Treatment,	Gartnavel
12. Duration of existing Attack,	2 years
13. Supposed Cause,	supposed overstudie
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Not decided
16. Whether Dangerous to others,	requiring Care
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	James Crawford Father None
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

(Signed)* Name James Crawford

Dated this 21st day of July one thousand eight hundred and 40

* To be Signed by the Party applying.

Lunacy Board.—Dec.—37.—1200.

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 Stevens Surgeon Licentiate (1) being a (1) the Faculty of Physicians & Surgeons of Glasgow (2) and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Glasgow Street, Ardrossan Ayr in the County separately from any other Medical Practitioner visited and personally examined (4) Eliza Crawford, and that the said Eliza Crawford is a (5) Violent Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She was in constant motion and biting at every thing in her reach when spoken to broke out in fits of passion and swe

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

what I saw is stated to be her general character

(SIGNED) *Name and Medical Designation,* James Stevens Surgeon

Place of Abode, Ardrossan

DATED this Twenty first day of July One thousand eig hundred and Sixty

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 Beedie Robertson Surgeon being a (1) 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) Glasgow Street, Ardrossan Ayr in the County separately from any other Medical Practitioner visited and personally examined (4) Eliza Crawford, Glasgow Street, Ardrossan and that the said Eliza Crawford is a (5) lunatic and very Violent 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 muttered incoherently and incessantly moved to and fro constantly licking the walls of the room the articles of furniture within her reach and her tongue and when addressed either laughed or burst into fits of passion shrieking

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

that she had been in a similar condition for two years I am informed by her relations.

(SIGNED) *Name and Medical Designation,* R. Beedie Robertson L.

Place of Abode, Ardrossan.

DATED this Twenty first day of July one thousand eigh hundred and Sixty

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, Inverness Trotter (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Crawford Coal Agent, Glasgow Certificates under the hands of James Thomas and Robert Andrew Robertson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Eliza Crawford wife James Crawford Coal Agent Glasgow and that the said Eliza Crawford is a (5) Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Eliza Crawford as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorise the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Eliza Crawford which accompanied the said Petition.

(SIGNED) _____

DATED this Twenty third day of July one thousand eight hundred and sixty four

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

856
Eliza Crawford
23/2/60
Manchester
W.C.A.
926
11/5/62

PETI

(Tariff or Reward. (Vide the H
Size or Stationery.

humbly sho
Medical Cer
is at present
Asylum for
mission of th
Scotl
into the said

(The date of the Date
Writ must be with-
a better dear copy
giving the form of
Medical Certificates.

eight hundred

If any

1. Christian Name and Surname o
length, .

2. Sex and Age,

3. Married, Single, or Widowed,

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

5. Religious Persuasion, so far as k

6. Previous Place of Abode,

7. Place where Found and Examine

8. Length of time Insane,

9. Whether first Attack,

10. Age (if known) on first Attack,

11. When and where previously under
don 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 L
Pauper, is Chargeable,

18. Christian Name and Surname, a
Kinds of nearest known Rela
Patient, and degree of Relat
known), and whether any Ma
Family known to be or to hav
sane,

19. Special circumstances (if any) pre
insertion of any of the above p

I certify, that, to the best of

Dated this Eighteen

Stamp Board.—Dec.—27.—3200.

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) Steward of the (2) Stewartry of Kirkcudbright and his Substitutes,—

The Petition of Andrew Nish Inspector of Poor of the Parish of Kirkmabreck humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Montgomery, Maiden Name, Walker is at present in a state of Mental Derangement, and 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 Montgomery or Walker to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) x Robert Beattie for Andrew Nish

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

DATED this twenty first (1) day of July one thousand eight hundred and sixty 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 Montgomery, Maiden Name Walker
2. Sex and Age,	Female - 80 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Pauper on the poor's funds of this Parish
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Born and brought up in Ireland
7. Place where Found and Examined,	Union Poorhouse Kirkcudbright
8. Length of time Insane,	Gradual - for two years
9. Whether first Attack,	First
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	under the Med. officer for the Poor of this Parish
12. Duration of existing Attack,	— for the last two years
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,	Parish of Kirkmabreck
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,	Joseph Montgomery, Larg, Kirkmabreck - Husband - None of Her Relatives ever were Insane as far as He Knows -
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,* Andrew Nish Inspector of Poor of the Parish of Kirkmabreck

DATED this Eighteen day of July one thousand eight hundred and Sixty years

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1200.

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.*

I, the undersigned, John Shand being a (1) Fellow of the Royal College of Physicians of Edinburgh &c and being in actual practice as a (2) Medical practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Arnott Poor House Kirkcaldy &c in the County of separately from any other Medical Practitioner

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

visited and personally examined (4) Mary Montgomery, pauper and that

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

the said Mary 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) total bewilderment of ideas, and inability to answer many common place questions with any degree of correctness, day, month, year, husband alive or dead &c

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Hallucinations principally at night, as paupers had run bath &c &c it is being reported at the Asylum that she was missing & the evening — was away outside on the (SIGNED) *Name and Medical Designation,* John Shand M.D. F.R.C.S. Edin. Physician & Surgeon Asylum Kirkcaldy Dr Shand's directions & entirely ignorant of where she is & only answers questions when she is asked, going to Ireland to get back again. — Place of Abode, Oakley House Kirkcaldy

Dated this 17th day of July One thousand eight hundred and sixty

by Matron & Governor & Wards of Female Side by Medical Officer of her own part of Kirkcaldy Asylum

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.*

I, the undersigned, John Sander Shand being a (1) Physician of University of Edin, & member of Royal C. of Surgeons of Edin and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Arnott Poor House of Kirkcaldy Kirkcaldy in the County of separately from any other Medical Practitioner,

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

visited and personally examined (4) Mary Montgomery a Pauper and that

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

the said Mary 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) That she cannot keep silent, but is constantly talking nonsense & makes ridiculous statements that she is going to America & talks of Belfast, which she can do in less than an hour &c

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7) That she wanders away from the house, & has the objection over herself is searched for & then only comes back

(SIGNED) *Name and Medical Designation,* John S. Shand M.D. Surgeon

Place of Abode, Burgh of Kirkcaldy

Dated this 16th day of July one thousand eight hundred and 60

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 Hyndman Dunbar (1) Steward Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Andrew Mid Inspector of the Poor of the Parish of Kirkmaiden Certificates under the hands of John Shand and John Sanders Shand, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Montgomery a pauper and that the said Mary 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 Mary Montgomery as a Patient into the (6) Public Asylum of the Southern Counties and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Montgomery which accompanied the said Petition.

(SIGNED) W H Dunbar

DATED this Twenty first day of July one thousand eight hundred and Sixty years

To the Superintendent of the (7) .

the 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.

1685
Mary Ann Summers
24/2/60

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) Shire of Dumfries *and his Substitutes,—*

The Petition of John Armstrong

Dumfries,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Stack my wife 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 Stack to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) John Armstrong

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

DATED this 23 (3) day of July one thousand eight hundred and sixty

STATEMENT.

If any 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 Stack
2. Sex and Age,	Fet age 38
3. Married, Single, or Widowed,	Singl
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Ch of England
6. Previous Place of Abode,	Penrith
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	2 Months
9. Whether first Attack,	This
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	2 Months
13. Supposed Cause,	Religious Concern.
14. Whether subject to Epilepsy,	Not Ebserbed
15. Whether Suicidal,	Suicidal
16. Whether Dangerous to others,	Not dangerous to others
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Ann Stack Sister (John Stack Cockermouth mother Her mother insane
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 Armstrong

DATED this 23 day of July one thousand eight hundred and sixty

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1200.

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 Chisholm being a (1) Graduate 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) 139 High Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary Slack and that the said Mary Slack is a (5) insane person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Religious delusions. fancies She has committed many crimes murder &c. that witchcraft has brought blasphemies &c.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) her friends confirm the above

(SIGNED) *Name and Medical Designation,* John Chisholm M

Place of Abode, Buccleuch St - Dumfries

DATED this 23rd day of July One thousand eight hundred and sixty

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 Scott being a (1) Graduate of the University of Edin and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 137 High Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary Slack and that the said Mary Slack is a (5) person of unsound 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) Conceives the gates of Heaven are shut against her that she has committed murder & prays that her soul is lost and shows signs of being absorbed in religious delusions

2. Other facts (if any) indicating Insanity communicated to me by others. (7) her sister confirms the above

(SIGNED) *Name and Medical Designation,* W. Scott

Place of Abode, Dumfries

DATED this 24th day of July one thousand eight hundred and 60.

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 Pitcairn Inglis, Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Arnshaw Carrier in Dumfries Certificates under the hands of John Christolon and William Scott, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Slack, wife of the said John Arnshaw and that the said Mary Slack or Arnshaw 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 Mary Slack as a Patient into the (5) Public Asylum of Southern Counties Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Slack which accompanied the said Petition.

(SIGNED) John P Inglis

DATED this 24th day of July one thousand eight hundred and Sixty

To the Superintendent of the (6) 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.

Dated 25th

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 Stewart, or Sheriff or Stewartry.

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

of Dumfries

The Petition of William Crichton residing at 23 India Street Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander William Crichton at present in Glasgow Royal Asylum, Gartnavel is at present in a state of Mental Derangement, and 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 William Crichton to the Crichton Royal Institution at Dumfries and to sanction his admission into the said Asylum.

(Signed) William Crichton

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

Dated this 25th (2) day of July one thousand eight hundred and Sixty

STATEMENT.

If any 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 William Crichton
2. Sex and Age,	Male - 31.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Lawyer -
5. Religious Persuasion, so far as known,	Free Church of Scotland
6. Previous Place of Abode,	23 India Street Glasgow
7. Place where Found and Examined,	Glasgow Royal Asylum Gartnavel
8. Length of time Insane,	Under six months -
9. Whether first Attack,	Yes - 1st. att.
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	about six months
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	No -
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	William Crichton is the name of the patient father the writer, at 23 India St. Glasgow.
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, William Crichton

Dated this 25th day of July one thousand eight hundred and 60.

* To be Signed by the Party applying.

Lunacy Board,—Dec.—37.—1200.

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 Mackintosh being a (1) L.R.C.P.S. Glasgow and M.D. of the University of Glasgow and a Physician and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day at (3) the Glasgow Asylum for Lunatics, Gartnavel in the County of Lanark separately from any other Medical Practitioner visited and personally examined (4) Alexander William Creighton, Writer, 23 Virginia Str. Glasgow and the said Alex. Wm. Creighton 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) Extravagance, delusions — such as, that he is very rich — idea to be a Missionary, to have all the country called after Friends, Wm to the Highlanders &c also by Book. Mr Clerk reports that he has been under his care in Gartnavel for three months this visit, but talks mentally thoroughly.

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

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

(SIGNED) *Name and Medical Designation,* Alex. Mackintosh M.D.

Place of Abode, Gartnavel.

DATED this 25 day of July, One thousand eight hundred and 60.

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 Lawrie M.D. being a (1) Graduate in Medicine of the University of Glasgow and Physician and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the Glasgow Royal Asylum for Lunatics, Gartnavel in the County of Lanark separately from any other Medical Practitioner visited and personally examined (4) Alexander William Creighton Writer 23 Virginia Street Glasgow and that the said Alexander William Creighton 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) Madness, Delusions, Restlessness - Excitement - Delusions of wealth power Extravagant projects for the future —

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

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

(SIGNED) *Name and Medical Designation,* John Lawrie M.D.

Place of Abode, Gartnavel

DATED this 25th day of July one thousand eight hundred and sixty —

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 Pelham Trotter, Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Crichton residing at 23 Judia street Glasgow Certificates under the hands of Alexander MacIntosh and John Cameron, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined Alexander William Crichton Patient Asylum Glasgow and that the said Alexander William Crichton is a (5) Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Alexander William Crichton as a Patient into the (6) Public Asylum of Crichton Royal Institution Dumfries and I authorise you Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alexander William Crichton which accompanied the said Petition.

(SIGNED) John P. Trotter

DATED this 27th day of July one thousand eight hundred and Sixty

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

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) Caithness — of Dunfries — *and his Substitutes,*—

The Petition of William Thomson

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Thomson is at present in a state of Mental Derangement, and 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 Thomson to the Southern Counties Asylum, per the Crichton Royal Institution, and to sanction his admission into the said Asylum.

(Signed) William Thomson

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

Dated this Thirteenth (*) day of July one thousand eight hundred and Sixty.

STATEMENT.

If any 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 Thomson (her name Murray)
2. Sex and Age,	F 6 —
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Small Shopkeeper —
5. Religious Persuasion, so far as known,	Member of Established Church
6. Previous Place of Abode,	Langholm —
7. Place where Found and Examined,	Bonnie Parish of Westerkirk.
8. Length of time Insane,	A month — has suddenly appeared for about two years ago.
9. Whether first Attack,	So
10. Age (if known) on first Attack,	Forty two
11. When and where previously under Examination and Treatment,	At Bonnie where she now resides
12. Duration of existing Attack,	A month
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Was sometimes supposed a fear that she might commit Suicid
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Not known
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,* William Thomson

Dated this Thirteenth day of July one thousand eight hundred and Sixty

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1200.

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 Johnstone Carlyle M.D. Edin
being a (1) Member of the Royal College of Physicians in
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Bonnar
in the Parish of Water Kirk
in the County of
Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Mary Murray at Bonnar
and that
the said Mary 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. Facts indicating Insanity observed by myself: (6) Refuses food
Religious Melancholy - Imagination much
depressed, considers herself lost through the
sin she has under that circumstances appears
afraid that she might be led to commit homicide
occasionally has an eastern look

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Similar facts have been communicated
to me by the Revd. Mr Young - Water Kirk

(Signed) *Name and Medical Designation,* W. J. Johnstone M.D.
Surgeon

Place of Abode, Dumfries

Dated this 28th day of July One thousand eight
hundred and Sixty

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 Hay
being a (1) Legally qualified medical
practitioner
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Bonnar
Parish of Waterkirk
in the County of
Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Mary Thomson
residing at Bonnar
and that
the said Mary 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.:—

1. Facts indicating Insanity observed by myself: (6) She has an evil
and alarmed look - says that she is in Spiritual
darkness and without hope in the world - that
She feels as if possessed with devils and is filled
with horrible thoughts - thoughts too horrible
to express in words

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

(Signed) *Name and Medical Designation,* William Hay
Surgeon

Place of Abode, Sanquhar - Edinburgh

Dated this 27th day of July one thousand eight
hundred and Sixty

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 Pitcairn Potter Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Thomson Farm Servant at Bonnes Kirkbride Certificates under the hands of William Johnston Carlyle Esq M.D. and William Hay Esq 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) Mary Thomson residing at Bonnes and that the said Mary 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 Mary Thomson as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Thomson which accompanied the said Petition.

(SIGNED) John P. Potter

DATED this Thirtyfirst day of July one thousand eight hundred and Eighty 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.

852
Mary Murray
1868/60

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) County of Dumfries *and his Substitutes,*

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries—

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Rafferty is at present in a state of Mental Derangement, and 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 Rafferty — to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) John Dinwoodie Inspector

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

DATED this Tenth (3) day of August One thousand eight hundred and Sixty

---

STATEMENT.

If any 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 Rafferty
2. Sex and Age,	Female - 40 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,	Roman Catholic
6. Previous Place of Abode,	Dumfries Jail & Poorhouse
7. Place where Found and Examined,	Do do do
8. Length of time Insane,	Not Known
9. Whether first attack,	Not Known
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	See Answer to queries 6th & 7th
12. Duration of existing Attack,	Not Known
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	Not Known
15. Whether Suicidal,	Not so far as hitherto observed
16. Whether Dangerous to others,	Threatens people about her
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	7th August 1860
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,	Not Known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Not properly Known

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

(SIGNED)* *Name,* John Dinwoodie Insp^r

DATED this Tenth day of August One thousand eight hundred and Sixty

* To be signed by the Party applying.

P. p.

984

Ann Crafford

10/8/60

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

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 (*) Sheriff *of the* (*) County of Dumfries *and his Substitutes,*—

The Petition of William A. F. Browne humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Scotland is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Scotland to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(SIGNED) W. A. F. Browne

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

DATED this ninth (*) day of August one thousand eight hundred and sixty 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 Scotland
2. Sex and Age,	Female sixty five
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Housekeeper.
5. Religious Persuasion, so far as known,	Free church.
6. Previous Place of Abode,	5 George Square Edinburgh
7. Place where Found and Examined,	Mrs Smiths Cottage, Morningside.
8. Length of time Insane,	For about two 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,	
13. Supposed Cause,	Apoplexy.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Sarah Scotland a niece married to Mr Common at Detroit, Michigan U.S. — None of her friends insane; but a Cousin is Epileptic —
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, W. A. F. Browne

DATED this ninth day of August, one thousand eight hundred and sixty

* To be Signed by the Party applying.

Lunacy Board.—Dec.—37.—1860.

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 A. S. Balfour being a (1) M. D. 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) Morningside in the County of Midlothian separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Scotland and that the said Elizabeth Scotland is a (5) person of unsound 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)
Supposes sometimes that acts which she herself does are done by another; at times sees during the whole night without any cause. Also sometimes incoherent

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

(SIGNED) *Name and Medical Designation,* Thomas A. S. Balfour

Place of Abode, 5 George Square

DATED this Eighth day of August One thousand eight hundred and Sixty 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, Andrew Howden Balfour 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) Mrs Smith's Cottage Morningside Midlothian in the County of separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Scotland and that the said Elizabeth Scotland is a (5) person of unsound 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)
Mental aberrations at times

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
At times Incessant screaming throughout the night without any cause & says she cannot help doing so. Has asked her mother by those waiting upon her

(SIGNED) *Name and Medical Designation,* A. H. Balfour Surg

Place of Abode Brighton Place Portobello

DATED this third day of August one thousand eight hundred and Sixty

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, Alexander Hannay (2) Sheriff Substitute
of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (3) William A. F. Browne M.D. Dumfries Thomas M. G. Balfour
Certificates under the hands of and Andrew Rowdon Balfour being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Scotland at Murraysgd and that the said Elizabeth Scotland 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 Scotland 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 Elizabeth Scotland which accompanied the said Petition.

(SIGNED) Alex Hannay

DATED this Eleventh day of August one thousand eight hundred and sixty years

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

(2) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(3) State whether a County or Stewartry.
(4) Insert Name and Designation.
(5) 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.

986
Eliza Hasselwood
10/6/60

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) County of Dumfries and his Substitutes,—

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Mc Caig or Jardine is at present in a state of Mental Derangement, and 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 Mc Caig or Jardine to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) John Dinwoodie Inspector

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

DATED this (3) 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,	Elizabeth Mc Caig or Jardine
2. Sex and Age,	Female — 42 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Single, No Occupation
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Poorhouse Dumfries —
7. Place where Found and Examined,	Ditto Ditto
8. Length of time Insane,	Since birth so far as known
9. Whether first Attack,	
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Poorhouse and Dumfries
12. Duration of existing Attack,	See query 8th —
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. Christian Name 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
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	Not known

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

(SIGNED)* Name, John Dinwoodie Inspr

DATED this Twentieth day of August one thousand eight hundred and Sixty

* To be Signed by the Party applying.

Lunacy Board.—Dec.—37.—1200.

791 Sardeius
Elizabeth McVeigh
21/8/60

Warrant
agt.
Elizabeth Sardius
20th August/60

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.
(1) Shire or Stewartry.

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

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Dinwoodie is at present in a state of Mental Derangement, and 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 Dinwoodie to the Southern Counties Asylum and to sanction her admission into the said Asylum. Asylum

(Signed) John Dinwoodie, Inspector

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

Dated this Twentieth (2) day of August one thousand eight hundred and Sixty

STATEMENT.

If any 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 Dinwoodie
2. Sex and Age,	Female – 47 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Single No Occupation
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Poorhouse Dumfries
7. Place where Found and Examined,	Ditto Ditto
8. Length of time Insane,	From birth so far as Known
9. Whether first Attack,	—
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	Poorhouse and Dumfries
12. Duration of existing Attack,	See query 8th
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Sometimes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
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,	None
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	Not known

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

(Signed)* Name, John Dinwoodie Inspector

Dated this Twentieth day of August one thousand eight hundred and Sixty

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1500.

192
Agnes Dunwoodie
21/8/60

Warrant
ast
Agnes Dunwoodie
Dec 1860

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) County of Dumfries *and his Substitutes,—*

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Crocket is at present in a state of Mental Derangement, and 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 Crocket to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) John Dinwoodie, Inspector

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

DATED this Twentieth (3) day of August one thousand eight hundred and Sixty

STATEMENT.

If any 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 Crocket
2. Sex and Age,	~~Female~~ Male — 18 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Single — No Occupation
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Poorhouse, Dumfries
7. Place where Found and Examined,	Ditto Ditto
8. Length of time Insane,	Since birth so far as Known
9. Whether first Attack,	—
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	Poorhouse Dumfries
12. Duration of existing Attack,	See query 8th
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No —
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Not
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
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,	None
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	Not Known

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

(SIGNED)* *Name,* John Dinwoodie Inspector

DATED this Twentieth day of August one thousand eight hundred and Sixty

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1260.

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 Brown
being a (1) Graduate of the University
Edinburgh Physician in Dum
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3) Nor
Dumfries
in the County
separately from any other Medical Practitioner
visited and personally examined (4) Robert Crockett
and th
the said Robert Crockett is a (5) Idiot
and a proper Person to be detain
under Care and Treatment, and that I have formed this opinion upon the followi
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Countenan
Vacant Vicious appearance, is unable
to answer a single question, co
of the questions answered, but smile

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Is in the habit of beam
his clothes

(SIGNED) *Name and Medical Designation,* R Brown M.D.

Place of Abode, 22 Buccleuch St Dum

DATED this 19th day of August One thousand eig
hundred and forty nine

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 Thos Ralls
being a (1) Graduate of Faculty of Physicians an
Glasgow and College of St Andrews
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Workhouse
Dumfries
in the County
separately from any other Medical Practitioner
visited and personally examined (4) Robert Crockett
and th
the said Robert Crockett is a (5) Idiot
and a proper Person to be detain
under Care and Treatment, and that I have formed this opinion upon the followi
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Takes no notice
Answers Question most irrelevantly &c &
He is perfectly insane in every sense

2. Other facts (if any) indicating Insanity communicated to me by others. (7)
Much the same as above

(SIGNED) *Name and Medical Designation,* Wm Ralls

Place of Abode, Buccleuch Street Dumf

DATED this 19th day of August one thousand eigh
hundred and forty Years

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, Mark Napier Sheriff
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dinwiddie Inspector of Poor Dumfries
Certificates under the hands of Patrick Murray M.D. and William McCrae M.D.
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Crooket Poorhouse Dumfries (a pauper) and that the said Robert Crooket is (5) Idiot
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Crooket as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Crooket which accompanied the said Petition.

(Signed) Mark Napier

Dated this 20th day of August one thousand eight hundred and Sixty

To the Superintendent of the 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.

190
Robert Crockat
21/8/60

Warrant
of
Robert Crockat
20th Augt 1860

590
Robert Gordon
21/9/60

CRICHTON ROYAL INSTITUTION,

Parent Department.

SOUTHERN COUNTIES' ASYLUM,

FOR THE SHIRES OF DUMFRIES AND WIGTOWN, AND STEWARTRY OF KIRKCUDBRIGHT.

Trustees.

Mrs CRICHTON of Friars' Carse.
Lieut.-Colonel GRIERSON of Barndennoch.
J. MACALPINE LENY, Esq. of Dalswinton.

Extraordinary Trustees.

His Grace the Duke of Buccleuch.
The Right Hon. the Earl of Galloway.
The Right Hon. the Earl of Selkirk.
The Lord-Lieutenant of the Shire of Dumfries.
The Member for the County of Dumfries.
The Sheriff of the Shire of Dumfries.
The Minister of St. Michael's Church, Dumfries.

Directors.

Thomas Simpson, Esq. of Dalbwoodie.
M. C. Maxwell, Esq. of Terregles.
P. Dudgeon, Esq. of Cargen.
Thomas Stewart Gladstone, Esq. of Capenoch.
James Hotchkis, Esq., Summerville.

Officers.

James Gilchrist, M.D., Resident Physician.
H. G. Stewart, M.D., Medical Assistant.
Mrs Heakder, Matron.
And. Henderson, Superintendent.

R. Adamson, Esq., } Treasurers.
S. Adamson, Esq., }

Rev. G. Cowans, Chaplain.

Patients will be received on presenting or transmitting at the time of, or previous to, their admission, the following documents:—A written application from the nearest of kin, guardians, or Inspector of Poor, to the Resident Medical Officer, Dr Gilchrist; certificates of lunacy and a warrant from the Sheriff, as required by law; also an obligation from the Inspector of Poor, or other satisfactory Obligant, to pay the board of Patients, which includes clothes and bedding, and to comply with all rules and regulations as to their removal and burial.

All applications for admission should be forwarded at least three days before the arrival of the Patient, that time may be given for correspondence, and that due preparation may be made for his or her reception. Patients will be received between 8 A.M. and 8 P.M. upon every lawful day.

The board must, in all cases, be paid to the Treasurer in advance, quarterly, at the terms of Whitsunday (15th May), Lammas (1st August), Martinmas (11th November), and Candlemas (2d February); and when the Patient first enters, a full quarter's board, and the proportion of the quarter current at the time, will be required; and there will be no return nor repayment of the board so advanced. It shall include charges of all kinds; no fees being exigible by the Medical or any other Officers on admission or discharge, or at any other time, or upon any pretext whatever.

Visitors will be permitted to see all parts of the House on Wednesdays, between the hours of ten and twelve o'clock, on presenting an order, signed by a Trustee, Director, or one of the Medical Officers, but at no other time; and they are strictly prohibited from seeing or mingling with Patients of any class, without the express sanction of the Resident Medical Officer. The friends or guardians of Patients will be permitted to have free and private communication with them, if convalescent, between ten and twelve o'clock every lawful day; and, in all cases, to see and converse with them in presence of an officer, should such intercourse be considered safe or salutary; but no visitor, friend, or guardian, can be allowed to convey to the Patients any article of food or dress, books, newspapers, &c., without the knowledge and approbation of the Resident Medical Officer.

Patients are not allowed to have a right to any remuneration for their labour; but small rewards will be occasionally given as an encouragement during residence, or a provision on dismissal.

Patients when admitted will be provided with all articles of clothing by the Institution; their own clothes being retained until dismissal or death, when they will be returned to the friends or guardians. Patients when recovered are discharged on the representation of the Resident Medical Officer to the Trustees and Directors, but he is required to communicate with the persons by whom the obligation for board, &c., is signed, before the dismissal of any Patient; should they neglect or refuse to comply with the request for a week after the time fixed for removal in the notice, the rate of board for which they are responsible may be doubled, or the Patient sent to his or her home or parish at their expense.

A fortnight's notice of the intention of friends or guardians to remove a Patient must be forwarded to the Resident Medical Officer.

The Patients will be, under every variety of circumstances, and under every aspect of the malady, visited by the Resident Medical Officer, Matron, and Medical Assistant, always once or twice a-day, and in general they will be inspected, almost every hour, by these or the other Officers. The grand principles of moral treatment upon which the Institution will be conducted are justice, kindness, and occupation; and, by the application of these, the Patients, in so far as is consistent with their condition, will be induced to regard the Asylum as a home, and those to whose care they are entrusted as friends and companions.

Answers to the following Queries are solicited in all cases, if possible, from the MEDICAL ATTENDANT :—

QUERIES.	ANSWERS.
1. Name, age, condition, occupation, disposition, amount of education, and general deportment of the Patient.	Robt Crockett 18 years old Good Not any
2. What is the cause, predisposing and exciting, moral or physical; and what circumstances may have predisposed to, aggravated, or confirmed the disease?	Not any in particulars that are known of
3. Before the incursion of the disease, were there observed any unusual depression or elevation of spirits, any marked alterations in the functions of the body, or in the temper, opinions, conduct, sleep, &c.?	Not any in particulars
4. Has the Patient been subject to epilepsy, or other convulsive affections, previous to or during the existence of insanity; and for what other diseases or accidents has medical or surgical treatment been at any time required?	No Not for any other
5. What have been, and are, the prominent symptoms of the malady? has any obvious change in its form occurred; and does it appear to be increasing, declining, or stationary?	Answers Questions very Intelligently & says he is the Real Robt Crockett in every sense
6. Mention the present state of the external senses; of the appetite, digestion, and evacuations; of the pulse, respiration; and of all other functions, so far as they can be ascertained.	All very good
7. Is this the first attack, or a relapse? by what peculiarity of constitution or manner was it inherited in—if a relapse, of what duration was the lucid interval? and what has been the number of previous attacks?	First
8. What have been, and are, the delusions, habits, peculiarities, and pursuits of the Patient, during the night as well as the day, since the invasion of insanity?	
9. Does the Patient manifest any disposition to commit suicide? has he made any attempt to do so, and by what means?	No
10. Does the Patient manifest any disposition to injure other persons or property—to cherish any malicious design—or is the morbid train of thought excited by any particular subject or event?	Is particularly inclined to tear his Clothes
11. Is the Patient or his relatives subject to any hereditary, nervous, or periodical disease, and what? or have they manifested any peculiarity, eccentricity, or prominent propensity, or tendency to crime?	Not known
12. What treatment has been resorted to, for what length of time, and with what success?	Not any
13. How long has the Patient been insane? or has he ever been in any public asylum or private mad-house?	All his life I believe

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) Steward of Kirkcudbright *of the* (2) Stewartry *and his Substitutes,—*

The Petition of Richard Hewat Deputy Procurator

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Martin residing in Castledouglas is at present in a state of Mental Derangement, and 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 Martin to the Southern Counties Asylum Sumpris and to sanction his admission into the said Asylum.

(SIGNED) Rich Hewat Deputy

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

DATED this seventeenth (1) day of August one thousand eight hundred and sixty 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,	Isabella Martin
2. Sex and Age,	Female
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic Labourer
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Castledouglas
7. Place where Found and Examined,	Castledouglas
8. Length of time Insane,	Unknown
9. Whether first Attack,	Unknown
10. Age (if known) on first Attack,	Unknown
11. When and where previously under Examination and Treatment,	Castledouglas examined from 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,	Kelton
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,	Charlotta Martin and Betsy or Elizabeth Martin, Castledouglas. No
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,* Rich Hewat

DATED this seventeenth day of August one thousand eight hundred and sixty

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1200.

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. Kene being a (1) Member of the Royal College of Surgeons in Edinburgh and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) Market Hill Castle Douglas Kirkcudbright in the County of separately from any other Medical Practitioner visited and personally examined (4) Isabella Martin, Pauper, residing at Market Hill Castle Douglas and that the said Isabella Martin is a (5) person of Unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) From the incoherency of her replies to simple questions, the foolishness of her manner and the peculiarity of her gait.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Myles says that she takes personal troubles to arise by her confessions for supernatural means such as seeing a pool home with a hammer (unreadable) people on the street & knows them at other times.

(SIGNED) *Name and Medical Designation,* Geo. Kene M.R.C.S. & Ed.

Place of Abode, St. Andrew St. Castle Douglas

DATED this fourteenth day of August One thousand eight hundred and sixty.

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 Laidlaw being a (1) Licentiate of the Royal College of Surgeons in Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Market Hill Castle Douglas Kirkcudbright in the County separately from any other Medical Practitioner visited and personally examined (4) Isabella Martin, Pauper residing at Market Hill, Castle Douglas and that the said Isabella Martin is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Gives very incoherent & extremely absurd answers to plain easy questions labours under the delusion that a "Society of Gentlemen" have appointed to cure a pest many evils, which never exist & that she herself is under the special protection of these imaginary

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7) Mrs Myles informs me that Isabella Martin labours under the delusion that workmen such as Masons have no right to make the least noise, whatever, when building houses & that the sound of a hammer should never be heard!

(SIGNED) *Name and Medical Designation,* James Laidlaw L.R.C.S. Ed.

Place of Abode, Castle Douglas.

DATED this fourteenth day of August one thousand eight hundred and sixty.

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, James Blair, Esquire, Steward (1) Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Richard Heward Inspector of Poor of the parish of Kelton Certificates under the hands of Trigr Kirkpatrick and James Laidlaw, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Isabella Martin (a Pauper) and that the said Isabella Martin is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Isabella Martin as a Patient into the (6) Southern County Asylum of Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Martin which accompanied the said Petition.

(SIGNED) David Blair

DATED this eighteenth day of August one thousand eight hundred and Sixty years

To the Superintendent of the (7) Southern County 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.

993
Isabella Martin
23/8/60

No 993
Petition

The Inspectors of Parish
of Kelton
agt
Isabella Martin as
Pauper Lunatic
17 Augt 1860

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) County of Nyftown and his Substitutes.

The Petition of Duncan Malcolm Macfarlane, Inspector of Poor

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Sheilds, Labourer, Mochrum Village is at present in a state of Mental Derangement, and 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 Sheilds to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(SIGNED) D. M. Macfarlane

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

DATED this Twenty-second (3) day of August One thousand eight hundred and Sixty

---

STATEMENT.

If any 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 Sheilds
2. Sex and Age,	Male, 47
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Farm Labourer
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Ireland
7. Place where Found and Examined,	Mochrum village
8. Length of time Insane,	About six weeks
9. Whether first attack,	No
10. Age (if known) on first Attack,	Not Known
11. When and where previously under Examination and Treatment,	Do
12. Duration of existing Attack,	about Six weeks
13. Supposed Cause,	Ardent Spirits
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, Wigtonshire
18. Date of becoming Chargeable,	20th August 1860
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 and James Sheilds Sons, Mochrum village
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.

(SIGNED)* Name, D. M. Macfarlane

DATED this Twenty-second day of August One thousand eight hundred and Sixty

* 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, James McCormick being a (1) Magister Chirurgi, of Glasgow College Physician and Surgeon and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Mochrum village, in the Parish of Mochrum in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) John Shields, Labourer and Pauper, residing at said Mochrum Village and that the said John Shields is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
1. Incoherency of ideas. 2. His fancying himself the King of Great Britain &c.
3. Thickening Speech.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
1. Sat for two hours in the midst of a heavy rain he sat on the top of a hovel and upbraided some drovers, and that he imagined he had the Bible of God in his hat. By Mr. Mac

(SIGNED) *Name and Medical Designation,* James McCormick Physician

Place of Abode,

DATED this twentieth day of August One thousand eight hundred and sixty four.

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, Dunbar White being a (1) Graduate in Medicine of Edin.r College and Licentiate of the Royal College of Surgeons Edin.r and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Mochrum village in the parish of Mochrum in the County of Wigton separately from any other Medical Practitioner, visited and personally examined (4) John Shields, Labourer and that the said John Shields is a (5) person of unsound 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 has a restless, and wild look, entertains the delusion that his wife the Queen of Hanover - also fancies herself possessed of the Crown of Britain - that his friends are conspiring against him & put poison in his food & their attempts very confused & incoherent in his ideas -

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Information received by his wife & others shows that he does not sleep, & sleeps very little at night, that if not watched he will wander about at night, & mount to the top of houses under the delusion of his apprehension of being put into a dungeon & that he imagines himself possessed of large property in this county & Ireland - that he fancies his friends are plotting against him & threatens them with violence -

(SIGNED) *Name and Medical Designation,* Dunbar White M.D

Place of Abode, Whithorn

DATED this 21st day of August One thousand eight hundred and 64

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

(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 Murray, Esquire, Sheriff Substitute
of the (3) County of Midlothian
having had produced to me, with a Petition at the instance of (4) Duncan Malcolm Macfarlane Inspector of Poor
Certificates under the hands of James McCormick L.R.C.P. and Dunbar White 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 (5) John Shields labourer Mochrum Village Wigtownshire and that the said John Shields 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 John Shields as a Patient into the (7) Crichton 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 John Shields which accompanied the said Petition.

(SIGNED) Thos Murray

DATED this twenty second day of August One thousand eight hundred and sixty

To the Superintendent of the (8) 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, or Private.
(7) Public, District, or Private.

No 94
Ann Allen
24/8/60

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, Alexander Hannay (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander McMillan Inspector of Poor Caerlaverock Certificates under the hands of William Scott and Alexander Robinson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 or Lowden or Bankend, a pauper and that the said Jane Armstrong or Lowden is a (5) Lunatic & of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Armstrong or Lowden as a Patient into the (6) Public Asylum of Dumfries Counties Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Armstrong or Lowden which accompanied the said Petition.

(SIGNED) Alex Hannay

Dated this Twenty sixth day of August one thousand eight hundred and sixty years

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

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.*

I, the undersigned, William Scott being a (1) Graduate of the University of Edin and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Bankes Dumfries in the County of separately from any other Medical Practitioner,

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

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

visited and personally examined (4) Mrs London a Pauper and that the said Mr London 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) Delusions as to money, incoherency &c — Was formerly an inmate of the Asylum at Dumfries

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Daughter & sister state that she restless & sleepless — fancies she has rotted —

(SIGNED) *Name and Medical Designation,* William Scott

Place of Abode, Dumfries

DATED this 28th day of August One thousand eight hundred and 60

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.*

I, the undersigned, Alexander Berthwick M being a (1) Graduate of the University of Edinburg and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Carlaverock & Dumfries in the County of separately from any other Medical Practitioner,

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

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

visited and personally examined (4) Mrs London a Pauper and that the said, Mrs London is a (5) Person of unsound Mind and a proper Person to be detained under Care and Treatment, 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 b excited, incoherent manner. Delusions a fancying footsteps and persons

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7) Her daughter and sister state that she is violent, noisy, sleepless, and has various del

(SIGNED) *Name and Medical Designation,* Alex Berthwick M.

Place of Abode, Dumfries

DATED this 29th day of August one thousand eight hundred and Sixty

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in case 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, Alexander Hannay (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Alexander
McWilliam Inspector of Poor Tweeddale
Certificates under the hands of William Scott
and Alexander Borthwick, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 or Lowden at Bankend, a pauper and that the said
Jane Armstrong or Lowden is a (5) Lunatic & of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Armstrong or Lowden as a Patient into the (6) Public Asylum of Dumfries Counties Dumfries, and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Armstrong or Lowden which accompanied the said Petition.

(SIGNED) Alex Hannay

DATED this Twenty sixth day of August one thousand eight hundred and sixty years

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

395
Hon Lawdon
a Armstrong
23/8/60

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) County of Dumfries and his Substitutes.

The Petition of [illegible] Procurator Fiscal for the District for Middlebie Parish

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

is at present in a state of Mental Derangement, and 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 Scott to the Public Asylum of Southern District and to sanction his admission into the said Asylum.

(SIGNED) Robert M'Naught

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

DATED this 28 (*) day of August one thousand eight hundred and 60

STATEMENT.

If any 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 Scott
2. Sex and Age,	Male
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Farm Servant
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	Ecclefechan
7. Place where Found and Examined,	Dumfries Common Lodging House
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,	~~Drink~~ Intemperance
14. Whether subject to Epilepsy,	Said to have had fits
15. Whether Suicidal,	
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	The Person in charge could not answer the questions

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

(SIGNED)* Name, Robert M'Naught

DATED this 28th day of August one thousand eight hundred and 60

* To be Signed by the Party applying.

Lunacy Board.—Dec.—37.—1200.

Mr Allan Court Cashel 2nd Cent
Over Wall Questions

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.*

I, the undersigned, John Olyphant M. D. 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) Southern Counties Asylum Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) James Scott and that the said James Scott is a (5) Insane Person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Great excitement — Delusions —

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Committed an assault on his wife & otherwise behaved in a furious manner as informed by Sergeant Beattie —

(SIGNED) *Name and Medical Designation,* John Olyphant M. D.

Place of Abode, Buccleuch Street Dumfries

DATED this 20th day of August One thousand eight hundred and Sixty

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.*

I, the undersigned, James Oliphant M.D. 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) Southern Counties Asylum Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) James Scott a Pauper and that the said James 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.:—

1. Facts indicating Insanity observed by myself: (6) Restless and incoherent

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7) Her attendant stated that she had assaulted violence to her wife and family and threatened to stab

(SIGNED) *Name and Medical Designation,* James Oliphant M.D.

Place of Abode, Charlotte House Dumfries

DATED this 21st day of August one thousand eight hundred and Sixty

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 James Scott is a (1) insane person hereby further certify that the Case of the said James Scott is One of Emergency, and I recommend the immediate removal of the said James Scott to an Asylum accordingly.

Name, John Chisholm M.D

Place of Abode, Buccleuch St. Dumfries

DATED this 20th day of August one thousand eight hundred and sixty

(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, Mark Napier Esquire Sheriff
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Robert McKnight Interim Inspector of Poor of Penpont
Certificates under the hands of John Chisholm M.D
and James Sibbald 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) James Scott Innkeeper in Penpont and that the said James Scott 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 Scott as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Scott which accompanied the said Petition.

(SIGNED) Mark Napier

DATED this 21st day of August one thousand eight hundred and sixty

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.

PETITION
REC

(1) Sheriff or Steward. (2) Slave or Stewardry.

Unto the Honourable

humbly sheweth

Medical Certificate

is at present in a

Asylum for the I

mission of the said

Southern

into the said Asyl

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

DATED this

eight hundred and

If any of th

1. Christian Name and Surname of Pati
length,

2. Sex and Age,

3. Married, Single, or Widowed,

4. Condition of Life, and previous Occ
(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 Ex
ing 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 Lunat
Pauper) is Chargeable,

18. Christian Name and Surname, and P
Abode of nearest known Relative
Patient, and degree of Relation
known), and whether any Member
Family known to be or to have b
one,

19. Special circumstances (if any) preven
insertion of any of the above partic

I certify, that, to the best of my

DATED this second

Lunacy Board.—Dec.—II.—1880.

Oct 1882

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 Stewart.
(2) Shire or Stewartry.

Unto the Honourable the (1) ~~Sheriff~~ Steward *of the* (2) Stewartry of Kirkcudbright *and his Substitutes,—*

The Petition of James Carmont

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Carmont is at present in a state of Mental Derangement, and 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 Carmont to the Southern Counties and to sanction his admission into the said Asylum.

(SIGNED) James Carmont

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

DATED this Second (3) day of September one thousand eight hundred and Sixty

STATEMENT.

If any 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 Carmont
2. Sex and Age,	Male — 29 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Gardener
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	College Street Maxwelltown
7. Place where Found and Examined,	do do
8. Length of time Insane,	From time to time since 1851
9. Whether first Attack,	Has had several attacks
10. Age (if known) on first Attack,	20 years old
11. When and where previously under Examination and Treatment,	In Southern Counties Asylum in 1851
12. Duration of existing Attack,	Seven months
13. Supposed Cause,	Physical constitution
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Agnes Carmont Maxwelltown — Mother of Patient — No Member of Patients family known to be or have been insane
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, Jas Carmont

DATED this Second day of September one thousand eight hundred and Sixty years

* 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.

I, the undersigned, Patrick Murray M.D being a (1) Graduate of the University of Edinburgh Physician & Surgeon and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) William Carmont Gardener Maxwelltown and the said William Carmont is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Uses violent language, is very incoherent, Thinks conversation, not being about, is very excited

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Brother states, that he was of late in a state of mind for him the ignorance that he accomplished to state a person in this

(SIGNED) *Name and Medical Designation,* Patrick Murray M.D

Place of Abode, Dumfries

DATED this 2 day of September One thousand eight hundred and 60

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 Borthwick M.D being a (1) Graduate 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) College in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) William Carmont Gardener College Street Maxwelltown and the said William Carmont is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Made use of threatening language in a violent incoherent and excited manner

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7) His brother stated that he has been in a very excited state for some days and that he was unable refrain from using this language

(SIGNED) *Name and Medical Designation,* Alex Borthwick M.D

Place of Abode, Dumfries

DATED this 2 day of September one thousand eight hundred and sixty

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 William Cairnont is a (1) person of unsound mind, hereby further certify that the Case of the said William Cairnont, is One of Emergency, and I recommend the immediate removal of the said William Cairnont to an Asylum accordingly.

Name, P Murray M.D

Place of Abode, Dumfries

DATED this 2d day of September one thousand eight hundred and 60

(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, Alexander Ramsay — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me with a Petition at the instance of (3) James Cairnont residing in Maxwelltown Certificates under the hands of Patrick Murray MD - and Alexander Borthwick MD, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Cairnont, College street, Maxwelltown and that the said William Cairnont — 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 Cairnont — as a Patient into the (6) Public Asylum of Southern Counties and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Cairnont which accompanied the said Petition.

(SIGNED) A Ramsay

DATED this third day of September one thousand eight hundred and Sixty years

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

196
William Cormack
2/9/60

20 & 21 *Vict., Cap.* 71, *Sect.* 84.

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* Clydesdale *and his Substitutes,—*

The Petition of William Maxwell Surgeon Langholm

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Maxwell my 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 Maxwell to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(SIGNED) William Maxwell

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

DATED this Seventh (3) day of September one thousand eight hundred and sixty-five.

STATEMENT.

If any 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 Maxwell
2. Sex and Age,	Male Aet 58 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Surgeon in Royal Navy
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Langholm
7. Place where Found and Examined,	Crichton Institution
8. Length of time Insane,	Two years
9. Whether first Attack,	First attack
10. Age (if known) on first Attack,	Aet 56 years
11. When and where previously under Examination and Treatment,	At Langholm
12. Duration of existing Attack,	Two years
13. Supposed Cause,	Intemperance
14. Whether subject to Epilepsy,	At the time suffered from Epilepsy
15. Whether Suicidal,	Threatened self destruction
16. Whether Dangerous to others,	Has threatened
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	William Maxwell Father. Surgeon Langholm. No mention of family has been insane
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,* William Maxwell

DATED this Seventh day of September one thousand eight hundred and sixty-five years

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1260.

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 Greig being a (1) Graduate of Medicine, and Licentiate of the Royal College of Surgeons Edinburgh and Physician and being in actual practice as a (2) 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) Mr. Robt. Maxwell Surgeon R.N. and the said Mr. Robt Maxwell 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) Great restlessness irritability, and incoherence

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Threatened violence, and self destruction

(SIGNED) *Name and Medical Designation,* James Greig M.D.

Place of Abode, Dumfries

DATED this 7th day of Septr. One thousand eight hundred and Sixty

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 Grainger Stewart being a (1) Graduate of the University of Edinburgh and Physician and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Robert Maxwell Surgeon R.N. from Langholm. and the said Robert Maxwell is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, 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 restlessness. does not appear to recollect what has just taken place. Is unable to answer questions put to him

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7) Informed by Mr. Maxwell his father that he believes that there are people continually plotting against him & injure whom he has called Psalm

(SIGNED) *Name and Medical Designation,* Hugh G. Stewart

Place of Abode, Crichton Royal Institution

DATED this 8th day of September one thousand eight hundred and Sixty Years.

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 Mr. Robt. Maxwell, Surgeon R N is a (1) Lunatic hereby further certify that the Case of the said Mr. Robt Maxwell is One of Emergency, and I recommend the immediate removal of the said Mr. Robt Maxwell to an Asylum accordingly.

Name, James Greive M.D. &c

Place of Abode, Dumfries

DATED this 7th day of Sept one thousand eight hundred and sixty

(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, Alexander Hannay (2) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Maxwell Surgeon in Langholm Certificates under the hands of James Greive M.D. &c and Hugh Granger Stewart M.D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Maxwell, Surgeon R. N. one of applicants and that the said Robert Maxwell is a (5) Lunatic Pauper insane of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Maxwell as a Patient into the (6) Public Asylum of Crichton Royal Institution Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Maxwell which accompanied the said Petition.

(SIGNED) A. Hannay

DATED this Seventh day of September one thousand eight hundred and sixty

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

853
Norberry Montgomery
4/9/60

N.B.—
Sup
the

PETI

a Sheriff or Steward.
b Clerk or Secretary.

Unto th
of

humbly
Medical
is at pre
Asylum
mission
Grand
into the

a The date of the Petition must be within fourteen clear days preceding the date of the Medical Certificate.

Dat
night hav

If any of

1. Christian Name and Surname in full 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 Observation 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 Pauper is Chargeable, .
18. Date of becoming Chargeable, .
19. Relatives' Name and Surname, Abode of nearest known Relative, 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) to be stated at discretion of any of the above Medical Men.

The Board of
the Registrar
I certify, that, to the best of

Given this day of

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) Shire of Brigtown and his Substitutes,—

The Petition of William Mackie, Inspector of Poor Brigtown humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Mc. McFadean or Milroy is at present in a state of Mental Derangement, and 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 Mc. McFadean or Milroy to the Crichton Royal Institution, Dumfries and to sanction her admission into the said Asylum.

(SIGNATURE) Wm Mackie Insp. of Poor

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

DATED this Seventh (3) day of September One thousand eight hundred and sixty 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 Mc. McFadean wife of Alexander Milroy
2. Sex and Age,	Female, aged 42 years
3. Married, Single, or Widowed,	married, but deserted by her husband
4. Condition of Life, and previous Occupation (if any),	Sewer and out door Labourer
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Originally Ireland but has a residential
7. Place where Found and Examined,	settlement in Inglewood
8. Length of time Insane,	Since 28 August. 1860 not positively ascertained
9. Whether first attack,	Cannot ascertain previously
10. Age (if known) on first Attack,	Yes
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	See No 8
13. Supposed Cause,	Raves about her son (who resides with her husband)
14. Whether subject to Epilepsy,	No. Whom she supposes concealed from her and illtreated by some thieves
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Brigtown
18. Date of becoming Chargeable,	Augt 3. 1860
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,	Has no relatives in Scotland except her husband and two young children ages 9 & 13 respectively. None of them nor any of her family have known to have been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none —

The Board of Lunacy have recommended the patient to be sent to the Asylum instead of being kept in a Private House.

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

(SIGNATURE)* Name. Wm Mackie, Insp. of Poor

DATED this Seventh day of September One thousand eight hundred and sixty.

* 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 Description and Residence, and if a Pauper 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, Samuel Snowdon 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) Leighlinbridge in the County of Leighlinbridge separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth McFadden or Milroy a pauper and that the said Elizabeth McFadden or Milroy is a (5) person of unsound mind (Monomania) 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) From her Conversation at different times which is very incoherent and disconnected as well as from her actions viz. her rising at night and wandering in a nude state

2. Other facts (if any) indicating Insanity communicated to me by others: (7) None

(SIGNED) *Name and Medical Designation,* Samuel Snowdon M.D.

Place of Abode, Leighlinbridge

DATED this (7th) Seventh day of September One thousand eight hundred and Sixty one.

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 Description and Residence, and if a proper 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 Ewart being a (1) Member of the Royal College of Surgeons London and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Leighlinbridge in the County of Leighlinbridge separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth McFadden or Milroy a pauper and that the said Elizabeth McFadden or Milroy is a (5) person of unsound mind (Melancholia) and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) I consider a false impression about the fate of her son but on this ground a rational

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) By her daughter and neighbours - That she repeatedly comes down stairs at night & on opening the door runs in hysterically

(SIGNED) *Name and Medical Designation,* John Ewart M.R.C.S.

Place of Abode, Leighlinbridge

DATED this Seventh day of September One thousand eight hundred and Sixty

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate and the Order of the Sheriff.)

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, Macduff Rhind Esquire, Sheriff Substitute (2)
of the (3) County of Wigtown
having had produced to me, with a Petition at the instance of (4) William Mackie Inspector of Poor Wigtown
Certificates under the hands of Samuel Snowden, M.D.
and John Ewart, 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 (5)
Elizabeth Mc Tadean or Milroy, a pauper, and that the said
Elizabeth Mc Tadean or Milroy 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 Elizabeth Mc Tadean or Milroy as a Patient into the (7) Crichton Asylum of Dumfries and I authorize you to make Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Mc Tadean or Milroy which accompanied the said Petition.

(SIGNATURE) M. R. Macduff Rhind Substitute

DATED this seventh day of September One thousand eight hundred and sixty

To the Superintendent of the (8) Crichton
Asylum of Dumfries.

(2) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(3) State whether a County or Stewartry.
(4) Insert Name and Designation.
(5) Describe him, and if a Pauper, state so.
(6) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(7) Public, District, or Private.
(8) Public, District, or Private.

792

Elizabeth McFadean or Milroy
13/9/60

Petition.

By
William Mackie Inspector
& Poor Dig[illegible]town
for
Transmission of Elizabeth McF.
Fadean or Milroy to the Fielton
Institution.

1860

Answers to the following Queries are solicited in all cases, if possible, from the MEDICAL ATTENDANT :—

QUERIES.	ANSWERS.
1. Name age, condition, occupation, disposition, amount of education, and general deportment of the Patient.	Elizabeth McIndoe, of Milroy, 42 years, wife of Alexander Milroy, farmer and cattle dealer, Labourer, west not known
2. What is the cause, predisposing and exciting, moral or physical; and what circumstances may have predisposed to, aggravated, or confirmed the disease?	Asserts voices about her room (almost continually) who recently deserted her. Has complete walk for [illegible] may have induced the disease
3. Before the incursion of the disease, were there observed any unusual depression or elevation of spirits, any marked alterations in the functions of the body, or in the temper, opinions, conduct, sleep, &c.?	Did not see patient previous to her insanity
4. Has the Patient been subject to epilepsy, or other convulsive affections, previous to or during the existence of insanity; and for what other diseases or accidents has medical or surgical treatment been at any time required?	Not that I am aware of
5. What have been, and are, the prominent symptoms of the malady? has any obvious change in its form occurred; and does it appear to be increasing, declining, or stationary?	Preternatural excitement at night, otherwise [illegible] (vid. no. 2) – Malady appears to be increasing
6. Mention the present state of the external senses; of the appetite, digestion, and evacuations; of the pulse, respiration; and of all other functions, so far as they can be ascertained.	Normal –
7. Is this the first attack, or a relapse? by what peculiarity of constitution or manner was it ushered in—if a relapse, of what duration was the lucid interval? and what has been the number of previous attacks?	Not known,
8. What have been, and are, the delusions, habits, peculiarities, and pursuits of the Patient, during the night as well as the day, since the invasion of insanity?	Resembles the impression that her sons wrestle from her and at times thinks that he has been murdered. Hears manifests both night and day,
9. Does the Patient manifest any disposition to commit suicide? has he made any attempt to do so, and by what means?	No
10. Does the Patient manifest any disposition to injure other persons or property—to cherish any malicious design—or is the morbid train of thought excited by any particular subject or object?	Manifests no disposition to injure other persons or property – Amorbic train of thought is generally excited by talking to her about her sons
11. Is the Patient or his relatives subject to any hereditary, nervous, or periodical disease, and what? or have they manifested any peculiarity, eccentricity, or prominent propensity, or tendency to crime?	Not known to me
12. What treatment has been resorted to, for what length of time, and with what success?	Occasional restraint and confinement in bed Cases.
13. How long has the Patient been insane? or has he ever been in any public asylum or private mad house?	Since 28th Aug. last – Has been in no Asylum as far as known,

Dan. Gordon M.D.

Inglewood, 12 Sept. 1863

CRICHTON ROYAL INSTITUTION

Paupers Department.

SOUTHERN COUNTIES' ASYLUM,

FOR THE SHIRES OF DUMFRIES AND WIGTOWN, AND STEWARTRY OF KIRKCUDBRIGHT.

Trustees.

Mrs CRICHTON of Friars' Carse.
Lieut.-Colonel GRIERSON of Barndennoch.
J. MACALPINE LENY, Esq. of Dalswinton.

Extraordinary Trustees.

His Grace the Duke of Buccleuch.
The Right Hon. the Earl of Galloway.
The Right Hon. the Earl of Selkirk.
The Lord-Lieutenant of the Shire of Dumfries.
The Member for the County of Dumfries.
The Sheriff of the Shire of Dumfries.
The Minister of St. Michael's Church, Dumfries.

Directors.

Thomas Simpson, Esq. of Dalswoodie.
M. C. Maxwell, Esq. of Terregles.
P. Dudgeon, Esq. of Cargen.
Thomas Steuart Gladstone, Esq. of Capenoch.
James Hotchkis, Esq., Summerville.

Officers.

James Gilchrist, M.D., Resident Physician.
H. G. Stewart, M.D., Medical Assistant.
Mrs Hearder, Matron.
And. Henderson, Superintendent.

R. Adamson, Esq., S. Adamson, Esq., } Treasurers.

Rev. G. Cowans, Chaplain.

Patients will be received on presenting or transmitting at the time of, or previous to, their admission, the following documents:—A written application from the nearest of kin, guardians, or Inspector of Poor, to the Resident Medical Officer, Dr Gilchrist; certificates of lunacy and a warrant from the Sheriff, as required by law; also an obligation from the Inspector of Poor, or other satisfactory Obligant, to pay the board of Patients, which includes clothes and bedding, and to comply with all rules and regulations as to their removal and burial.

All applications for admission should be forwarded at least three days before the arrival of the Patient, that time may be given for correspondence, and that due preparation may be made for his or her reception. Patients will be received between 8 A.M. and 8 P.M. upon every lawful day.

The board must, in all cases, be paid to the Treasurer in advance, quarterly, at the terms of Whitsunday (15th May), Lammas (1st August), Martinmas (11th November), and Candlemas (2d February); and when the Patient first enters, a full quarter's board, and the proportion of the quarter current at the time, will be required; and there will be no return nor repayment of the board so advanced. It shall include charges of all kinds; no fees being exigible by the Medical or any other Officers on admission or discharge, or at any other time, or upon any pretext whatever.

Visitors will be permitted to see all parts of the House on Wednesdays, between the hours of ten and twelve o'clock, on presenting an order, signed by a Trustee, Director, or one of the Medical Officers, but at no other time; and they are strictly prohibited from seeing or mingling with Patients of any class, without the express sanction of the Resident Medical Officer. The friends or guardians of Patients will be permitted to have free and private communication with them, if convalescent, between ten and twelve o'clock every lawful day; and, in all cases, to see and converse with them in presence of an officer, should such intercourse be considered safe or salutary; but no visitor, friend, or guardian, can be allowed to convey to the Patients any article of food or dress, books, newspapers, &c., without the knowledge and approbation of the Resident Medical Officer.

Patients are not allowed to have a right to any remuneration for their labour; but small rewards will be occasionally given as an encouragement during residence, or a provision on dismissal.

Patients when admitted will be provided with all articles of clothing by the Institution; their own clothes being retained until dismissal or death, when they will be returned to the friends or guardians. Patients when recovered are discharged on the representation of the Resident Medical Officer to the Trustees and Directors, but he is required to communicate with the persons by whom the obligation for board, &c., is signed, before the dismissal of any Patient; should they neglect or refuse to comply with the request for a week after the time fixed for removal in the notice, the rate of board for which they are responsible may be doubled, or the Patient sent to his or her home or parish at their expense.

A fortnight's notice of the intention of friends or guardians to remove a Patient must be forwarded to the Resident Medical Officer.

The Patients will be, under every variety of circumstances, and under every aspect of the malady, visited by the Resident Medical Officer, Matron, and Medical Assistant, always once or twice a-day, and in general they will be inspected, almost every hour, by these or the other Officers. The grand principles of moral treatment upon which the Institution will be conducted are justice, kindness, and occupation; and, by the application of these, the Patients, in so far as is consistent with their condition, will be induced to regard the Asylum as a home, and those to whose care they are entrusted as friends and companions.

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) Shire of Dumfries and his Substitutes,—

The Petition of Samuel Walker, Inspector of Poor of Crossmichael humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Gordon or Paterson at Crossmichael is at present in a state of Mental Derangement, and 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 Paterson her to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) Sam. Walker

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

DATED this Thirteenth (*) day of September one thousand eight hundred and Sixty

STATEMENT.

If any 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 Gordon or Paterson
2. Sex and Age,	Female, about 61 years.
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Pauper, Wife of Farmer
5. Religious Persuasion, so far as known,	Reformed Presbyterian
6. Previous Place of Abode,	Kells Parish, Crossmichael Parish at present
7. Place where Found and Examined,	Crossmichael Village.
8. Length of time Insane,	For a number of 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,	Dumfries & Galloway Infirmary.
12. Duration of existing Attack,	Became violent on the 8th inst.
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 Kells Kirkcudbright Shire
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,	Not known
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*, Sam. Walker

DATED this Thirteenth day of September one thousand eight hundred and Sixty

* To be Signed by the Party applying.

Lunacy Board.—Dec.—37.—1200.

498

Agnes Gordon v Paterson

14/9/60

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

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 (*) Sheriff — *of the* (*) County of Wigtown — *and his Substitutes,*—

The Petition of Malcolm McFarlane Inspector of Poor in the Parish of Leswalt humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Brown Low Street Portpatrick Parish aforesaid is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Brown — to the Crichton Royal Dumfries Kirkcudbright, and to sanction her admission into the said Asylum.

(SIGNED) Mc. McFarlane

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

DATED this Eighth (*) day of September — one thousand eight hundred and Sixty

STATEMENT.

If any 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, about 40 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Lunatic
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Low St Stranraer
7. Place where Found and Examined,	Low St Stranraer
8. Length of time Insane,	about a year
9. Whether first Attack,	First
10. Age (if known) on first Attack,	39 years
11. When and where previously under Examination and Treatment,	Has had other treatment
12. Duration of existing Attack,	a year
13. Supposed Cause,	None known of
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Has often spoken of committing suicide & has asked others to kill her
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Wm Brown. Robt Brown Jas Brown Andrew Brown uncles are her nearest relatives None Known have been insane so far as known
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, Mc. McFarlane

DATED this Eighth day of September one thousand eight hundred and Sixty

(4) Years.

* To be Signed by the Party applying.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Orpell
being a (1) Licentiate of the Faculty of Physicians & Surgeons 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) Lun St. [illegible]
in the County of Wigtown, separately from any other Medical Practitioner,
visited and personally examined (4) Janet Brown residing in Church Street Stranraer and
the said Janet 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.:—

1. Facts indicating Insanity observed by myself: (6)
She talks sometimes incoherently keeps muttering about persons she was dead: and yet will take no medicine from a person. I have known her upwards of 30 years and I find that her disposition, demeanour & language are totally changed & she talks like a person of unsound mind

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Janet Milligan or Brown her aunt in Law states that she has often spoken of committing suicide, and often asked herself to help her, yet she has often spoken of others poisoning her and she takes my medicine & refuses to take her own, and keeps her hands in water [illegible] without saying any cause

(SIGNED) Name and Medical Designation, John Orpell Surgeon

Place of Abode, Stranraer

DATED this 3rd day of September One thousand eight hundred and sixty

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert 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.*

Anna James who resides with her states that Janet Brown is subject to some kind of fits

---

MEDICAL CERTIFICATE, No. II.

I, the undersigned, David Easton
being a (1) Doctor of Medicine and 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) Lun Street Stranraer
in the County of Wigtown, separately from any other Medical Practitioner,
visited and personally examined (4) Janet Brown, Pauper, residing in Lun Street Stranraer and
the said Janet 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.:—

1. Facts indicating Insanity observed by myself: (6) Her eyes have a peculiar wild appearance. She is very restless, talks incoherently, is afraid of being ill treated or being injured by others,

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Anna James who resides with her, states Corroborates the Above. She also states that she is restless, does not sleep well. has threatened to destroy herself. Imagines that people enter the house during the night & ill use her. is afraid of two persons. [illegible]

(SIGNED) Name and Medical Designation, David Easton M.D.

Place of Abode Church Street, Stranraer

DATED this eighth day of September one thousand eight hundred and Sixty.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert 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 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, Macduff Rhind Esqre Sheriff Substitute (1)
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Malcolm Mc. Farlane Inspector of Poor in the Parish of Stewart
Certificates under the hands of John Argill Surgeon
and David Easton 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)
Janet Brown residing in Sum. St. Stranraer and that the said
Janet 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 Janet Brown as a Patient into the (6) Crichton 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 Brown which accompanied the said Petition.

(SIGNED) M. Rhind

DATED this eleventh day of September one thousand eight hundred and sixty

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

999

Lind Brown

19/9/60.

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) *of the* (2)
of *and his Substitutes,—*

The Petition of

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

is at present in a state of Mental Derangement, and 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 and to sanction his admission into the said Asylum.

(SIGNED) _____

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

DATED this (3) day of one thousand eight hundred and

Sheriff Committed to the Lunatic Asylum under the 65th section of the act 20 & 21 Vict. Cap. 71, for the better Care & Custody of Lunatics &c.

STATEMENT.

If any 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 Burke
2. Sex and Age,	male. age not known: supposed about 40?
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	a Labourer.-
5. Religious Persuasion, so far as known,	Roman Catholic.
6. Previous Place of Abode,	Not known: appears to have wandered about the County
7. Place where Found and Examined,	Originally apprehended at Kirkcowan, Wigtonshire, for an assault in Jan: 1859. sent to Perth Criminal Prison, where returned to Wigtown in August 1860, as a Lunatic & Dangerous.
8. Length of time Insane,	
9. Whether first Attack,	} No 8 & No 9. Cannot be ascertained. Burke speaks sometimes of his having been in an asylum at Morpeth, but no reliance can be placed on what he says.
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	No 10 – not known. – No 11 not known –
12. Duration of existing Attack,	Burke has all along been more or less peculiar. He has been decidedly insane since his return from Perth on 6th August 1860.
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,	The Sheriff has maintained Wigtown liable for Burke's maintenance.-
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,	Nothing is known of Burke's parentage or of his relatives; if he has any. He contradicts himself often when speaking on such subjects and much that he says is unintelligible
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	Burke came to the Prison a perfect stranger, and no one has since identified, or claimed him.

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

(SIGNED)* *Name,* Thomas M'Kinney Gov.r

DATED this 18th day of September one thousand eight hundred and sixty

Prison of Wigtown

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1240.

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, Samuel Snowdon, being a (1) Graduate of the University of Edinburgh in Medi and being in actual practice as a (2) Physician, hereby certify, on soul and conscience, that I have this day, at (3) the Prison Wigtown in the Coun separately from any other Medical Practiti visited and personally examined (4) John Burke pauper, and the said John Burke 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.:—

1. Facts indicating Insanity observed by myself: (6) At certain time is greatly excited without any apparent cause and often tal incoherently - there is a peculiar wildness of the eye at times a very savage expression of countenance

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He has broken about twenty five panes of glass in the window of his cell, & struck the son of the Governor of the Prison & uses very threatening language. (From Governor of Prison.)

(SIGNED) *Name and Medical Designation,* Samuel Snowdon M

Place of Abode, Wigtown N.B.

DATED this Fourth day of Septr One thousand e hundred and Sixty four

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 Ewart being a (1) Member of the Royal College of Surgeons of Lon and being in actual practice as a (2) Surgeon — hereby certify, on soul and conscience, that I have this day, at (3) the pris of Wigtown — — — in the Count Wigtown — — — separately from any other Medical Practitio visited and personally examined (4) John Burke. and t the said John Burke. — — is a (5) person of unsound Minds — — and a proper Person to be detai under Care and Treatment, and that I have formed this opinion upon the follow grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) violent gesticu incoherent manner of speaking. extreme ir of temper - general restlessness.

2. Other facts (if any) indicating Insanity communicated to me by others. (7) he has committed sundry acts of violence as breaking of his cell windows - strik the Jailors Son - & tearing his cloth

(SIGNED) *Name and Medical Designation,* John Ewart M

Place of Abode, Wigtown

DATED this Fifth day of September one thousand eig hundred and Sixty —

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, (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 you to receive the said as a Patient into the (6) Asylum of and I authorise 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) _____

Dated this day of one thousand eight hundred and

To the Superintendent of the (7)
Asylum of

[*Sheriff-Substitute or Steward-Substitute.*]

---

(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.

I Macduff Rhind Esquire, Advocate, Sheriff Substitute of Wigtownshire, having this day, taken evidence within the Court House of Wigtown, of the Condition of John Burke, Labourer, presently Prisoner in the Prison of Wigtown, in terms of a Warrant, dated the twenty first day of August current, proceeding on a Petition presented to me, by Geo. Corpe Black, Writer in Wigtown, Procurator Fiscal of Court for the Public Interest, against the said John Burke, in terms of the Eighty fifth Section of the Statute 20th & 21st Victoriae Capit 71, Entitled "An Act for the "Regulation of the care and treatment "of Lunatics, and for the provision, main-"tenance, and regulation of Lunatic Asy-"lums in Scotland," and Advertisement following thereon; and being satisfied that the said John Burke is a Lunatic, and threatening to be danger-ous, - Do hereby Authorize you to receive the said John Burke into the Southern Counties Asylum, at Crichton

M. Rhind

2

Crichton Royal Institution for Lunatics, at Dumfries, to which Asylum he is hereby committed, therein to be detained, until cured, or until caution shall be found for his safe custody; And I authorize his transmission to the said Asylum accordingly, and I transmit you herewith the medical Certificates, by Samuel Snowdon, M.D., Wigtown, and John Ewart, Surgeon, Wigtown, being the medical Persons, duly qualified in terms of the said Act, of the said John Burke's condition, and some further information thereanent.

Dated at Wigtown this twenty Eighth day of August, Eighteen hundred and sixty years.

A. Wood

To the Medical Superintendent, and Officers of the Southern Counties Asylum, or Crichton Royal Institution, Dumfries.

800

~~John Clarke~~
John Burke
25/9/60

Warrant
By
The Sheriff Substitute
of Wigtonshire.

For Removing John Burke
from Wigtown Prison
To
The Southern Counties
Asylum

28 August
1860

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) County of Dumfries and his Substitutes.—

The Petition of John Dinwoodie, Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Houstan is at present in a state of Mental Derangement, and 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 Houstan to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) John Dinwoodie, Inspector

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

DATED this Nineteenth (1) day of September one thousand eight hundred and Sixty

STATEMENT.

If any 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 Houstan
2. Sex and Age,	Male — 27 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Agricultural Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dumfries Poorhouse
7. Place where Found and Examined,	Barnkin
8. Length of time Insane,	About 11 years
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	About 17 years
11. When and where previously under Examination and Treatment,	Barnkin, Southern C. Asylum, & Dumfries Poorhouse
12. Duration of existing Attack,	See query 8th
13. Supposed Cause,	From the kick of a Horse
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. Christian Name 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 Houstan his father residing at Kelwood Common, has also a daughter who is Idiotic or Insane
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 Dinwoodie Inspector

DATED this Nineteenth day of September one thousand eight hundred and Sixty

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1200.

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, [illegible] Thomas Marshall being a (1) Graduate of the Faculty of Physicians & Surgeons Glasgow & Licentiate of the College of Physicians Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Northcourt Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) William Houston and the said William Houston 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.:—

1. Facts indicating Insanity observed by myself: (6) Will not make any question, but be vacant stary, shows no sign of knowledge, & appears to have no meaning whatever to any address

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

Mark the same as above

(SIGNED) *Name and Medical Designation,* T. Marshall M.D.

Place of Abode, Barnhourly House Dumfries

DATED this 6th day of September One thousand eight hundred and Seventy 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, Robert Thomas Esq M.D. being a (1) Graduate of the University of Edinburgh Physician and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Northcourt Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) William Houston and the said William Houston 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.:—

1. Facts indicating Insanity observed by myself: (6) Countenance vacant & does not answer questions, seems to look to a long distance, addresses to him

2. Other facts (if any) indicating Insanity communicated to me by others (7) From friends & one of the household and keeper constantly by himself

(SIGNED) *Name and Medical Designation,* R. Thomas Esq M.D.

Place of Abode, Dumfries

DATED this 6th day of September One thousand eight hundred and 70

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, Alexander Kannay (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Winwoodie Inspector of Poor of Dumfries Certificates under the hands of William Marshall M.D. and Patrick Murray 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 Noustan Inmate of Poorhouse Dumfries and that the said William Noustan is a (5) Idiot and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Noustan as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Noustan which accompanied the said Petition.

(SIGNED) Alex Kannay

DATED this twenty first day of September one thousand eight hundred and sixty 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.

PETI

Asylum for

humbly sh
Medical Ce
is at presen
Asylum for
mission of t
Southb
into the said

Dated

eight hundre

If a

1. Christian Name and Surname
length,

2. Sex and Age,

3. Married, Single, or Widowed,

4. Condition of Life, and previo
(if any),

5. Religious Persuasion, so far as

6. Previous Place of Abode,

7. Place where Found and Exami

8. Length of time Insane,

9. Whether first Attack,

10. Age (if known) on first Attack

11. Was and where previously un
tion 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
Pauper) is Chargeable,

18. Christian Name and Surname
Abode of nearest known R
Patient, and degree of R
known), and whether any M
Family known to be or to h
was,

19. Special circumstances (if any) p
insertion of any of the above

I certify, that, to the best

Dated this September

Visitors' Board, - Dec.—27.—1886.

801
Williams Hampton
25/9/20

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) Shire *of* Dumfries *and his Substitutes.*

The Petition of Thomas Williamson

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Williamson is at present in a state of Mental Derangement, and 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 Williamson to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(Signed) Thomas Williamson

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

Dated this Seventh (3) day of September one thousand eight hundred and Sixty

STATEMENT.

If any 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 Williamson
2. Sex and Age,	Male - twenty 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,	Church of Scotland
6. Previous Place of Abode,	High street Annan
7. Place where Found and Examined,	do do
8. Length of time Insane,	three weeks
9. Whether first Attack,	Second
10. Age (if known) on first Attack,	Nineteen
11. When and where previously under Examination and Treatment,	at the Southern Counties Asylum nearly twelve months ago
12. Duration of existing Attack,	three weeks
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	suspected to be so, but on very slight grounds
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Thomas Williamson Annan his father, no member of whose family has been insane
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,* Thomas Williamson

Dated this Seventh day of September one thousand eight hundred and Sixty

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1260.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Wm Ewart being a (1) Licentiate of the Royal Colleges 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) the House of Dr Williamson High Street Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Williamson Medical Student Annan and at the said James Williamson is at (5) an unsound person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
His general excited appearance, his eccentricity & general behaviour different from what is his usual habit.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His Mother and Sister state that he has repeatedly threatened to do them bodily injury, or abscond by some different route to do for them & last night he struck them both.

(SIGNED) *Name and Medical Designation,* Wm Ewart Surgeon

Place of Abode, Edinburgh Street Annan

DATED this fifteenth day of September One thousand eight hundred and Sixty

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 Ogilvy being a (1) Licentiate of the Royal College of Surgeons
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the House of the late Mr Hyslop High Street Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Williamson Medical Student
and the said James Williamson is at (5) unsound person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) His general appearance, and general behaviour

2. Other facts (if any) indicating Insanity communicated to me by others. (7)
His Father & Sister, he refuses to do anything he orders him to do and threatens them. His Mother and Sister make a similar statement and say that they are afraid of

(SIGNED) *Name and Medical Designation,* Wm Ogilvy Surgeon

Place of Abode, Burnfoot Annan

DATED this twentieth day of September one thousand eight hundred and Sixty.

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 James Williamson is a (1) an insane person hereby further certify that the Case of the said James Williamson is One of Emergency, and I recommend the immediate removal of the said James Williamson to an Asylum accordingly.

Name, Willm Ewart, Surgeon

Place of Abode, Edwards Court, Annan

DATED this fifteenth day of September one thousand eight hundred and sixty

(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 Pitcairn Lorimer Lorimer (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas Williamson Surgeon in Annan Certificates under the hands of William Ewart, Surgeon — and William Edgar 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) James Williamson Medical Assistant, in Annan and that the said James Williamson — is a (5) insane person — and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Williamson — as a Patient into the (6) Public Asylum of Southern Counties — and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Williamson which accompanied the said Petition.

(SIGNED) John P. Lorimer

DATED this Twenty fifth day of September one thousand eight hundred and sixty 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.

8:02

James Williamson

25/9/60

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) Shire of Dumfries *and his Substitutes,—*

The Petition of Joseph Welsh Inspector of Poor Inquire humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Gardiner is at present in a state of Mental Derangement, and 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 Gardiner to the Southern Counties asylum and to sanction his admission into the said Asylum.

(SIGNED) Joseph Welsh Inspector of Poor Inquire

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

DATED this Second (*) day of October one thousand eight hundred and Sixty 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,	John Gardiner
Sex and Age,	Male aged 24 years
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	a Clerk
Religious Persuasion, so far as known,	Free Church
Previous Place of Abode,	Lived Hall Inquire
Place where Found and Examined,	Found Hall Inquire
Length of time Insane,	about two years ago
Whether first Attack,	First Attack
Age (if known) on first Attack,	about 22 years
When and where previously under Examination and Treatment,	—
Duration of existing Attack,	More or less since last time
Supposed Cause,	—
Whether subject to Epilepsy,	yes
Whether Suicidal,	No
Whether Dangerous to others,	has only threatened but not Violence
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Inquire
Christian Name 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,	
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, Joseph Welsh Inspector of Inquire

DATED this Second day of October one thousand eight hundred and Sixty

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1200.

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, J. Balziel, M.D.,
being a (1) Licentiate of the Royal College of Physicians, & Royal College of Surgeons in Edinburgh,
and being in actual practice as a (2) Physician & Surgeon,
hereby certify, on soul and conscience, that I have this day, at (3) Lawn Hall Cott
in the County
Dumfries, separately from any other Medical Practitioner
visited and personally examined (4) John Jardine, a Pauper,
and th
the said John Jardine is a (5) person of unsou
and a proper Person to be detain
under Care and Treatment, and that I have formed this opinion upon the followi
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) The patient held out a finger & affirmed that a pen-holder had emerged "from that finger", about a year ago.

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

(SIGNED) *Name and Medical Designation,* J. Balziel, M.D., Edin.

Place of Abode, Newpont, by Thornhill

DATED this first day of October, One thousand eig
hundred and sixty

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 M: McCulloch M: D: &c.
being a (1) Licentiate of the University of Edinburgh & the Royal Colleg
Surgeons of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Kings Arms Hot
in the County
Dumfries separately from any other Medical Practitione
visited and personally examined (4) John Jardine a pauper
and th
the said John Jardine is a (5) person of uns
and a proper person to be detaine
under Care and Treatment, and that I have formed this opinion upon the followin
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He asserts that a pen & pen holder came out of his finger, that things are constantly comi of his head, hands & other parts of the body; have been & was when seen epileptic for a long time past &c.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He told Dr Thom he would never take any more fits (epileptic). H knew a reward that he might see blood &c. &c.

(SIGNED) *Name and Medical Designation,* James M: McCulloch M: D: &c.

Place of Abode 38 Castle Street Dumfries

DATED this second day of October one thousand eigh
hundred and sixty years.

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 John Jardine is a (1) person of unsound mind, hereby further certify that the Case of the said John Jardine is One of Emergency, and I recommend the immediate removal of the said John Jardine to an Asylum accordingly.

Name, J. Dalziel, M.D.

Place of Abode, Penpont, by Thornhill

DATED this first day of October, one thousand eight hundred and sixty

(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 Alexr Trotter (2) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Joseph Weld Inspector of Poor, Tynron Certificates under the hands of J. Dalziel M.D. and J. M. M'Gulloch 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) John Jardine residing at Land Head Tynron and that the said John Jardine 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 Jardine 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 Jardine which accompanied the said Petition.

(SIGNED) John A. Trotter

DATED this Second day of October one thousand eight hundred and Sixty

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.

803
Glen Iris
2/10/60

20 & 21 *Vict., Cap.* 71, *Sect.* 84.

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 *of the* (2) County *and his Substitutes,—*

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Richardson is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Richardson to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) John Dinwoodie, Inspector

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

DATED this Fourth (3) day of October one thousand eight hundred and Sixty.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Thomas Richardson
2. Sex and Age,	Male - 24 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Single - a Clerk
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Glasgow
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	Not Known
9. Whether first Attack,	The fourth attack
10. Age (if known) on first Attack,	About 16 or 17 years
11. When and where previously under Examination and Treatment,	Gartnavel & Southern Counties Asylums about 3 & 4 years ago
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,	is said to have lifted his hand to his mother
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
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,	Not Known
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 Dinwoodie

DATED this Fourth day of October one thousand eight hundred and

* To be Signed by the Party applying.

Lunacy Board,—Dec.—37.—1240.

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 Faculty of Physicians and Surgeons Glasgow and College of Surgeons and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Workhouse Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Thomas Richardson and the said Thomas Richardson 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) Becomes very violent and threatens to fight, talks continually about his property, states that he is always wrong when on religious study, and that his Brother owes him

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Becomes very noisy, and disturbed at night, endeavours to leave his house which he has done, understand, on former occasions

(SIGNED) *Name and Medical Designation,* W Marshall M.D

Place of Abode, Burnbrae Head Dumfries

DATED this 18th 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, Patrick Murray M.D 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) House in Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Thomas Richardson and the said Thomas Richardson 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) Communicative at present and inexpressive, answers questions addressed to him with great readiness and any misconception is immediately corrected

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7) The Brother states, that at times he wanders about the room declaring that he is about to receive a large sum of money, and is about to commence business, that he is one who

(SIGNED) *Name and Medical Designation,* P Murray M.D

Place of Abode, Buccleuch St Dumfries

DATED this 19 day of October one thousand eight hundred and 87

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 Pitcairn Fotter (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Dinwoodie Inspector of Poor of the Parish of Dumfries Certificates under the hands of William Marshall M.D. — and Patrick Murray 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) Thomas Richardson, a Pauper in Post Louse Dumfries that the said Thomas Richardson is a (5) Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Richardson — as a Patient into the (6) Public Asylum of Southern Counties — and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Richardson which accompanied the said Petition.

(Signed) John P. Fotter

Dated this Fourth day of October — one thousand eight hundred and Sixty 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.

804

Thomas Richardson

4/10/60

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

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 Robert M'Kenn Inspector of Poor of Kirkbean humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Eliza Lorenie or Davis, Carsethorn Kirkbean is at present in a state of Mental Derangement, and 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 Lorenie or Davis to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) Robert M'Kenn Inspector of Poor

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

DATED this Twenty sixth day of October one thousand eight hundred and Sixty

STATEMENT.

If any 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 Lorenie or Davis
2. Sex and Age,	Female about forty
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Wife of Coast Guard Man
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Carsethorn
7. Place where Found and Examined,	Carsethorn
8. Length of time Insane,	about two weeks
9. Whether first Attack,	first attack
10. Age (if known) on first Attack,	about forty
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	about two weeks
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkbean
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	John Lowden Davis Her Husband Carsethorn none
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

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

(SIGNED)* *Name,* Robert M'Kenn Inspector of Poor

DATED this Twenty sixth day of October one thousand eight hundred and Sixty

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1200.

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 Morrell being a (1) Surgeon MRCS Eng. Surgeon and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Canst. Parish of Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Eliza Davis and the said Eliza Davis is a (5) Insane person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her false perception of things displayed. Suspicion from watching to see her enemy look her strong key holes &c her restlessness, &c

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband says he discovered her down a Knife &c

(SIGNED) *Name and Medical Designation,* Alexander Morrell Surgeon

Place of Abode, Kirkcudbright Asylum

DATED this 21 day of October One thousand eight hundred and Sixty

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 Menzies being a (1) M.D. Edinburgh & M.R.C.S.E. Surgeon and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Garse[illegible] Kirkcudbright in the County separately from any other Medical Practitioner visited and personally examined (4) Eliza Davis and the said Eliza Davis 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) She imagines that there are people around her who wish to murder her, & talks of them looking in at her through the window. She is

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7) She attempted to drown herself. Imagines her neighbours are constantly annoying her. Rambles up and down in the middle of the

(SIGNED) *Name and Medical Designation,* James Menzies

Place of Abode, Kirkcudbright Asylum

DATED this 21st day of October one thousand eight hundred and 60

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 Peterkin Grotter Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert McKean Inspector of Poor Kirkbean, Certificates under the hands of Alexander Maxwell M. D and James Menzies 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 Eliza Davis a pauper from Kirkbean and that the said Eliza Davis is an insane person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Eliza Davis as a Patient into the (5) Public Asylum of Southern Counties asylum Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Eliza Davis which accompanied the said Petition.

(SIGNED) John Grotter

DATED this 22d day of October one thousand eight hundred and sixty

To the Superintendent of the (7) Public
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, or Private.
(7) Public, District, or Private.

7

Bdle
Wm Commr Davis
22/10/80
2

No 6.

PETITIO

Into the Hou

Medical Certifi

Asylum for th

Southern

into the said A

Dated thi

eight hundred

23 d

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

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 Alexander Meurison Inspector of Poor for the parish of Morton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Kirkpatrick is at present in a state of Mental Derangement, and 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 Kirkpatrick to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) Alex. Meurison

1 The date of the Petition must be within fifteen clear days following the dates of the Medical Certificates.

DATED this 23d (3) day of October one thousand eight hundred and Sixty 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 Kirkpatrick
Sex and Age,	Male - Twenty years
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	None —
Religious Persuasion, so far as known,	—
Previous Place of Abode,	—
Place where Found and Examined,	Thornhill
Length of time Insane,	20 years
Whether first Attack,	infant
Age (if known) on first Attack,	—
When and where previously under Examination and Treatment,	since birth
Duration of existing Attack,	yes —
Supposed Cause,	yes —
Whether subject to Epilepsy,	parish of Morton
Whether Suicidal,	David Kirkpatrick Carrier Thornhill his father, 2 not known
Whether Dangerous to others,	
Parish or Union 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 his 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.

(SIGNED)* Name, Alex Meurison

DATED this 23d day of October one thousand eight hundred and Sixty

* 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, Thomas Boyle Gierson
being a (1) Licentiate of the Royal Colle
Surgeons of Edinburgh.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 87 Mo
Thornhill
Dumfries
in the Co
separately from any other Medical Prac
visited and personally examined (4) James Kirkpatrick
in Thornhill, a pauper, —
the said James Kirkpatrick is a (5) idio
and a proper Person to be
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)
In every respect an idiot. He
no manifestation of a thinking m
or intuitive impulse, save as the stom
be, is the character of his mind.

(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 fr
some time past his actions
have become more violent, an
that he has injured Henry and some of
other relations.

(SIGNED) *Name and Medical Designation,* Thomas Boyle Gier
Surgeon

Place of Abode, Thornhill

DATED this twenty second day of October One thous
hundred and Sixty

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Andrew Crichton Chalmers
being a (1) Doctor in Medicine of the Univ
of Edinburgh & a Licentiate of the Royal Co
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 7 Hen
Thornhill
Dumfries
in the C
separately from any other Medical Pr
visited and personally examined (4) James Kirkpatrick
residing at Thornhill a Pauper
the said James Kirkpatrick is a idio
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) I have known
him for many years during which period he
considered him idiotic in all respects & any
attempt at thinking was Very limited & his
conversation restless —

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

2. Other Facts (if any) indicating Insanity communicated to me by others (7)
His Father, Mother &c Uncle of mine al
have told me that they consider him
dangerously idiotic members of the Fam

(SIGNED) *Name and Medical Designation,* Andr. C. Chalmers
Physician & Surgeon

Place of Abode Thornhill

DATED this twenty second day of October one thou
hundred and Sixty —

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 is One of Emergency, and I recommend the immediate removal of the said 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, Alexander Hyslop (2) Sheriff Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (4) Alexander Hewison Inspector of Poor of Morton Certificates under the hands of Thomas Boyd Grierson and Andrew Crichton Chalmers, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) James Kirkpatrick residing in Thornhill Dumfries and that the said James Kirkpatrick is a (6) Pauper Idiot

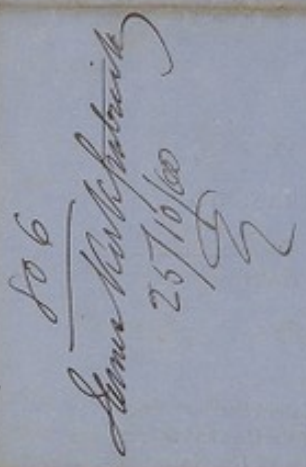
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Kirkpatrick as a Patient into the (7) Public Asylum of Southern Counties Dumfries and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Kirkpatrick which accompanied the said Petition.

(SIGNED) Alex Hyslop

DATED this Twenty fourth day of October one thousand eight hundred and sixty years.

To the Superintendent of the (8) 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.



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) County *of* Dumfries *and his Substitutes,—*

The Petition of Mrs Ann Campbell Watson or Goguel, X at Town College Melrose Roxburghshire a Widow of the late Goguel there & Nominated & by him the Trustee of his children & his dated 2nd 1854 & registered Commissary Court Peebles-shire 11860

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Margaret H. Gordon or Goguel Damick Tower is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mrs Margaret H. Gordon or Goguel to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(Signed) A H Goguel

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

Dated this 25th (3) day of October one thousand eight hundred and Sixty

STATEMENT.

If any 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 Margaret Henderson Gordon or Goguel
2. Sex and Age,	female – about 35 –
3. Married, Single, or Widowed,	Widowed –
4. Condition of Life, and previous Occupation (if any),	Widow of Wm T Goguel sometime Cashier of Scottish Equitable Life Assurance Society Edin
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Damick Tower College Melrose
7. Place where Found and Examined,	do
8. Length of time Insane,	Nearly nine years
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	about 26
11. When and where previously under Examination and Treatment,	Crichton Royal Institution
12. Duration of existing Attack,	as above – about 9 years
13. Supposed Cause,	Child birth
14. Whether subject to Epilepsy,	Not that I know of
15. Whether Suicidal,	Not that I know of
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	William Henning Goguel Damick Tower College Melrose aged about Twelve years. He am the Mother of the late Husband of the Lunatic & his sole Executrix Nominate for behoof of for the special benefit of her lawful Children
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,* A H Goguel

Dated this 25th day of October one thousand eight hundred and Sixty

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1200.

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 Burd Chalmers being a (1) Licentiate of Royal College of Surgeons & Surgeon in Rochdale and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Daywell Cottage on Lowes Roxburgh (in the County of Roxburgh) separately from any other Medical Practitioner visited and personally examined (4) Mrs Mary Anderson or Goquet and that the said Wm H. Goquet 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)
Great Incoherency of Speech - Illusions & Hallucinations of hearing Voices speaking to her - Fixed ideas of persecution by Neighbours &c - Apparently Well conducted & Intelligent Woman.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The above corroborated by her Mother and the Lieutenant attending upon her.

(SIGNED) *Name and Medical Designation,* James Burd Chalmers Surgeon

Place of Abode, Rochdale

DATED this 16 day of October One thousand eight hundred and sixty-

Mrs Margaret Henderson or Goquet

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 Scholefield M.D. being a (1) Graduate of the University of Edinburgh and Physician and being in actual practice as a (2) 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 Margaret Henderson or Goquet Gentlewoman and that the said Wm H. Goquet is a (5) Person of Unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Incoherence in her mode of Speech - & Persecutory Delusions - Cannot associate Her Relations to Surrounding Objects or Persons

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7)
& an irritable State of her Temper as Reported, as Stated by attendants

(SIGNED) *Name and Medical Designation,* James Scholefield M.D.

Place of Abode, Crichton Royal Dumfries

DATED this 25th day of October One thousand eight hundred and sixty

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 Fleming Forbes~~ Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Mr. Ann Campbell Mason Gogue residing at Darnick Town College Melrose Certificates under the hands of James Burnet Clarkson and James Aitchison, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs. Margaret Henderson or Gogue, Darnick Town College Melrose and that the said Margaret Henderson or Gogue is a (5) Lunatic & unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mrs. Margaret Henderson or Gogue as a Patient into the (6) Public Asylum of Crichton Royal Institution Dumfries and I authorise her Transmission to the said Asylum accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Hendersonorgogue which accompanied the said Petition. three words deleted.

(SIGNED) Hes Kennedy

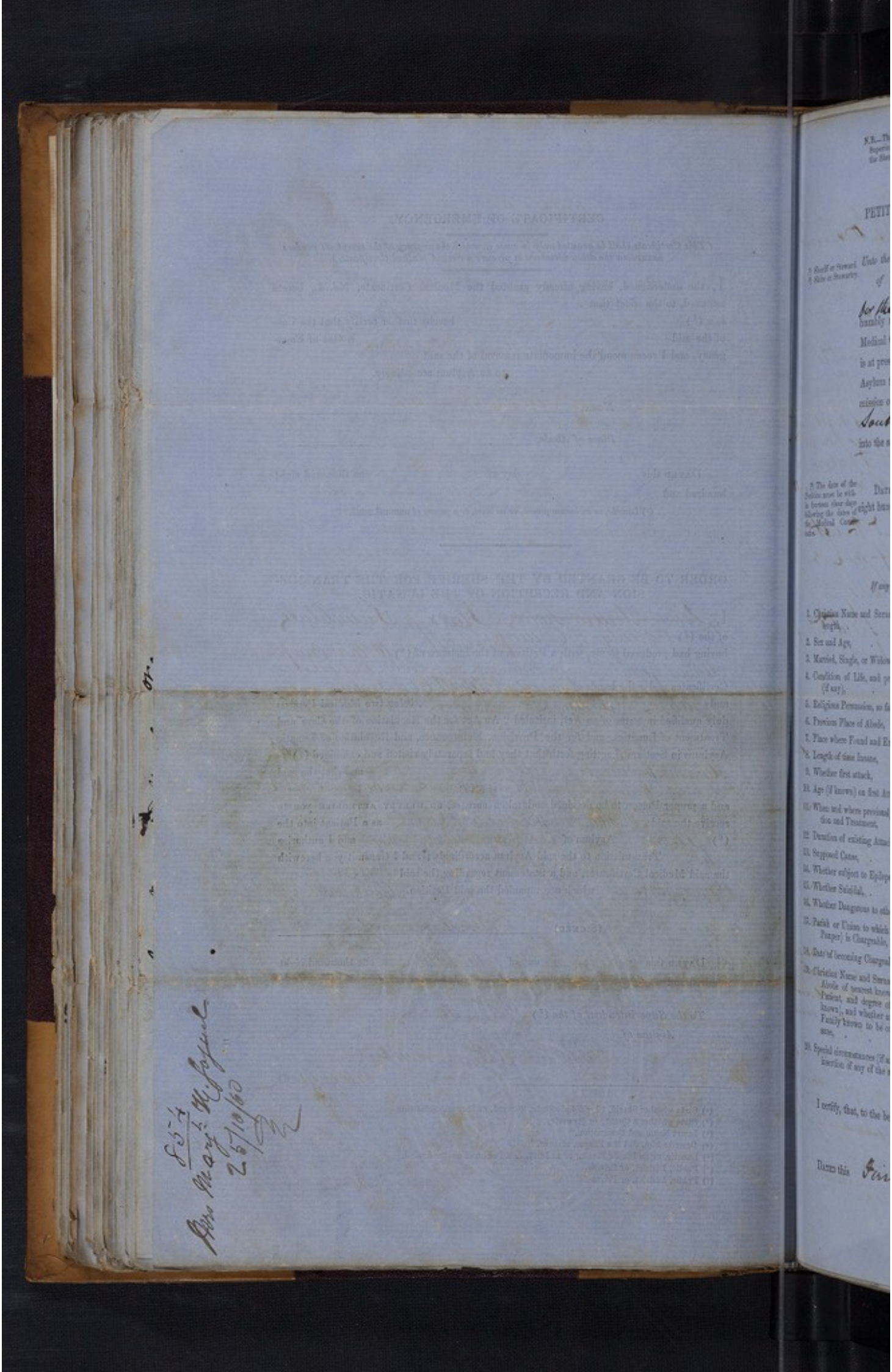
DATED this 25th day of October one thousand eight hundred and sixty

To the Superintendent of the (7) Public *Asylum of*

Crichton Royal Instn. 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.



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) County of Dumfries *and his Substitutes,—*

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Laughton is at present in a state of Mental Derangement, and 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 Laughton to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) John Dinwoodie

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

DATED this First (3) day of November One thousand eight hundred and Sixty

STATEMENT.

If any 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 Laughton
2. Sex and Age,	Female 50 years
3. Married, Single, or Widowed,	Married — Labourer
4. Condition of Life, and previous Occupation (if any),	Roman Catholic
5. Religious Persuasion, so far as known,	Dumfries
6. Previous Place of Abode,	Ditto
7. Place where Found and Examined,	Three or four days
8. Length of time Insane,	Yes
9. Whether first attack,	about 50 years
10. Age (if known) on first Attack,	Dumfries
11. When and where previously under Examination and Treatment,	Three or four days
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,	Dumfries Meantime
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	1st November
18. Date of becoming Chargeable,	not Known
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,	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.

(SIGNED)* *Name,* John Dinwoodie Inspector

DATED this First day of November One thousand eight hundred and Sixty

* 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, Wellesley Marshall being a (1) Graduate of the Faculty of Physicians & Surgeons Glasgow and College of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Robinson Cottage Langues Grampius in the County of Grampius separately from any other Medical Practitioner, visited and personally examined (4) Mrs Mary Langton and that the said Mrs Mary Langton 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) talks incoherently appears that her Husband Brandson her And her daughter is a Patient of Dr Walker at present is informed that her mother is a Lunatic

2. Other facts (if any) indicating Insanity communicated to me by others: (7) she is becoming violent to both her hands and / more herself more or less

(SIGNED) *Name and Medical Designation,* W Marshall

Place of Abode, Broadleigh Street Glasgow

DATED this 5th day of November One thousand eight hundred and Sixty four

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, Patrick B. Ennis being a (1) Graduate of the University of Glasgow and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Robinson Cottage Langton Grampius in the County of Grampius separately from any other Medical Practitioner, visited and personally examined (4) Mrs Mary Langton and that the said Mary Langton 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) Violent and will not answer any questions that are put to her & continually dreaming and talking about Christ in which she gets excited

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) States that her Husband and children are in Australia & that she has no hope of ever seeing them again & that Christ is in the Bible

(SIGNED) *Name and Medical Designation,* P. B. Ennis M.D. C.M.

Place of Abode, Queen Street

DATED this 6 day of November One thousand eight hundred and

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, Alexander Hannay (2) Sheriff Substitute
of the (3) County of Dumfries
having had produced to me, with a Petition at the instance of (4) John Dunwoodie
Inspector of Poor of Dumfries and Maxwelltown
Certificates under the hands of William Mackenzie M.D.
and Patrick Munay 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 (5)
Mrs Mary Laughton, residing in Dumfries
and that the said Mrs Mary Laughton is a (6) Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mrs Mary Laughton as a Patient into the (7) Public Asylum of Southern Counties 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 Mrs Mary Laughton which accompanied the said Petition.

(SIGNED) Alex Hannay

DATED this 31st day of December One thousand eight hundred and sixty

To the Superintendent of the (8) 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.

807

Abbe Mary Livingston

6/11/60

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) Shire of Wigtown *and his Substitutes,—*

The Petition of John McCallum

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

(Signed) John McCallum Inspector of Poor of the Parish of Penninghame

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

Dated this first (3) day of November one thousand eight hundred and sixty

STATEMENT.

If any 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 Govan
2. Sex and Age,	Male, thirty three years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farmer's son — Studied several sessions for the Church I have been informed.
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Glenluce Row, Newton Stewart
7. Place where Found and Examined,	Main Street, Newton Stewart
8. Length of time Insane,	Not known to petitioner
9. Whether first Attack,	Not known to petitioner
10. Age (if known) on first Attack,	Not known to petitioner
11. When and where previously under Examination and Treatment,	No other places so far as I know
12. Duration of existing Attack,	Not known
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Not to my knowledge
16. Whether Dangerous to others,	Not to my knowledge
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Penninghame 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,	His sister Mrs Govan wife of Peter Govan farmer near Glenluce. I never heard that any member of his family was insane
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 McCallum Inspector of Poor

Dated this first day of November one thousand eight hundred and sixty

* 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.

I, the undersigned, Charles Smith being a (1) Licentiate of the Royal College of Surgeons, Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Mansfield Newton Stewart Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) George Givan, Pauper, Newton Stewart and that the said George Givan 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)

His general behaviour and actions

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

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

Various complaints in regard to his conduct on the streets made to me by the

(Signed) *Name and Medical Designation,* Charles Smith Surgeon

Place of Abode, Newton Stewart

Dated this first day of November One thousand eight hundred and Sixty-one

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 Moore being a (1) Graduate of the University of Ed... and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Main ... Newton Stewart Wigtown in the Coun... separately from any other Medical Practitioner, visited and personally examined (4) George Givan Pauper and that the said George Givan 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)

James Gunn has for many years I find his demeanour and whole character changed and quite different from that of any person of sound mind

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

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

He is considered a nuisance by the Police public who on account of his indecent dress and absurd behaviour

(Signed) *Name and Medical Designation,* James Moore M...

Place of Abode, Newton Stewart

Dated this 22nd day of November one thousand eight hundred and Sixty.

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

(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.

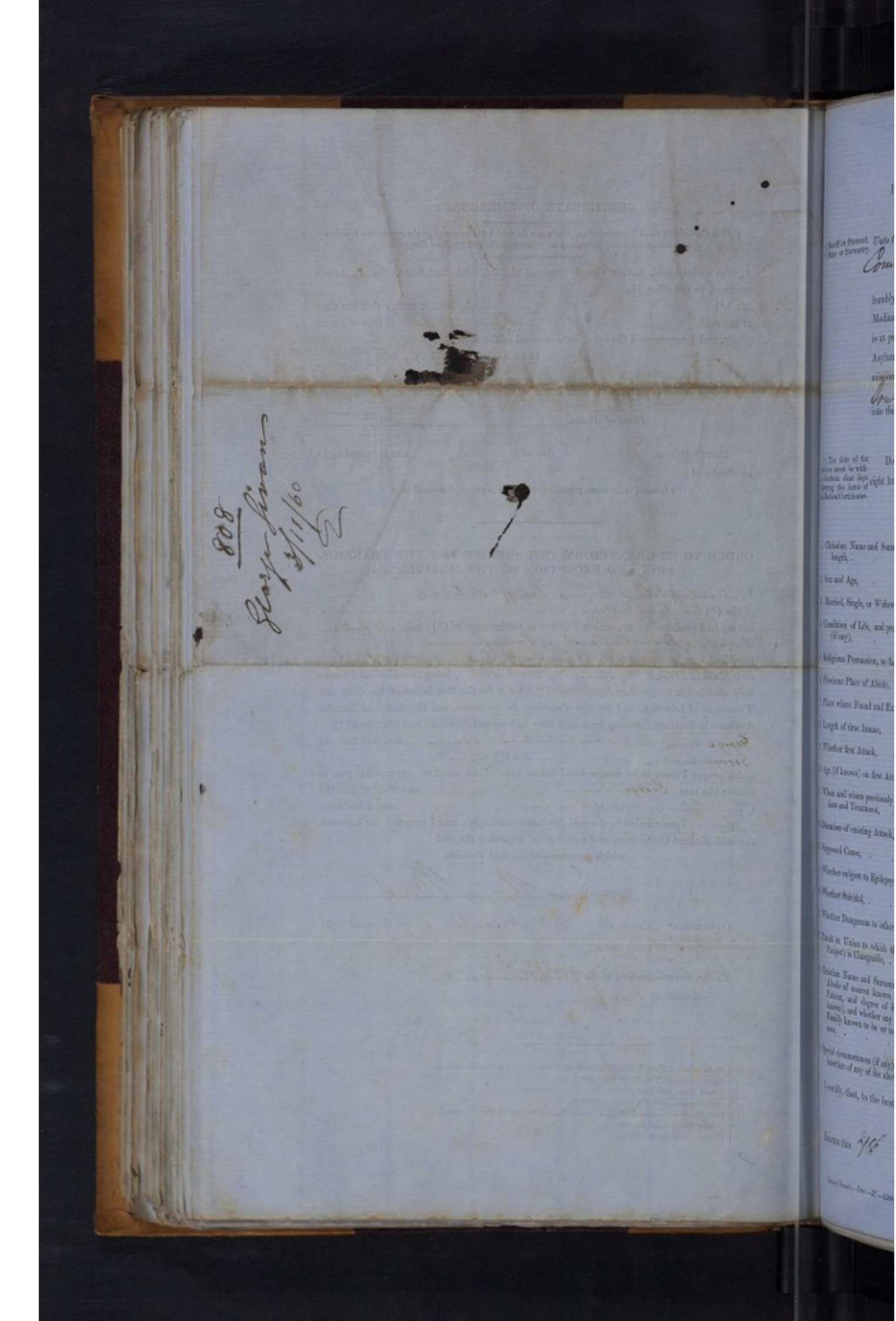
I, Macduff Rhind Esquire Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) John McCallum Inspector of Poor of the Parish of Penninghame Certificates under the hands of Charles Smith Surgeon Newtonstewart and James More Physician Newtonstewart, 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) George Givan Cloutie Row Newtonstewart a pauper and that the said George Givan is a (5) Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said George Givan as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said which accompanied the said Petition.

(SIGNED) M. Rhind

DATED this second day of November one thousand eight hundred and Sixty years

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.



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) County of Dumfries *and his Substitutes,—*

The Petition of William Carlyle Inspector of Police

humbly sheweth that it appears, from the subjoined Statement and accompanying Medical Certificates, that Wm Young

is at present in a state of Mental Derangement, and 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 Young to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(SIGNED) William Carlyle Insp.

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

DATED this 7th (3) day of November one thousand eight hundred and Sixty

STATEMENT.

If any 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 Young
2. Sex and Age,	male aged 19 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Boy a weaver
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Toddshill Cumberland
7. Place where Found and Examined,	Gretna
8. Length of time Insane,	Three years
9. Whether first Attack,	~~no~~ No - Recorded
10. Age (if known) on first Attack,	Sixteen years
11. When and where previously under Examination and Treatment,	Crighton Royal Institution Dumfries
12. Duration of existing Attack,	Uncertain
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	Some disposition but not to great extent
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Gretna
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,	Andrew Young Toddshill Father not any knowne
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,* William Carlyle

DATED this 7th day of Nov. one thousand eight hundred and Sixty year,

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1260.

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.*

I, the undersigned, James Carruthers being a (1) Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Gretna in the County of Dumfries separately from any other Medical Practitioner,

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

visited and personally examined (4) John Young, Weaver and

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

the said John Young is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Will not speak or answer any question
is childish and idiotic

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Conceals himself in secret
Wanders away from home evidently not
knowing where he is going

(SIGNED) *Name and Medical Designation,* James Carruthers
Surgeon

Place of Abode, Kirkpatrick Fleming

DATED this Seventh day of November One thousand Eight hundred and Fifty

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.*

I, the undersigned, Samuel Pierson being a (1) Member of the Royal College of Surgeons London and being in actual practice as a (2) Surgeon &c hereby certify, on soul and conscience, that I have this day, at (3) Southom Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner,

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

visited and personally examined (4) John Young a person and

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

the said John Young is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Excessive restlessness & excitability. By no method could I get him to speak or answer a single question, and was obliged to desist from my questioning owing to the violence of the excitement which it called forth.

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7)
He was a patient in this Institution two years prior to May 1839

By the Inspector:

(SIGNED) *Name and Medical Designation,* Samuel Pierson M.D.

Place of Abode, Southern Counties Asylum

DATED this Seventh day of November one thousand Eight hundred and Forty-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 John Young is a (1) insane person hereby further certify that the Case of the said John Young is One of Emergency, and I recommend the immediate removal of the said John Young to an Asylum accordingly.

Name, James Carruthers Surgeon

Place of Abode, Kirkpatrick Fleming

DATED this Seventh day of November one thousand eight hundred and Sixty

(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 Pitcairn Trotter Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Cargle Inspector of Poor of Gretna Certificates under the hands of James Carruthers and Samuel Emerson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Young, Weaver, & a pauper and that the said John Young is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Young as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Young which accompanied the said Petition.

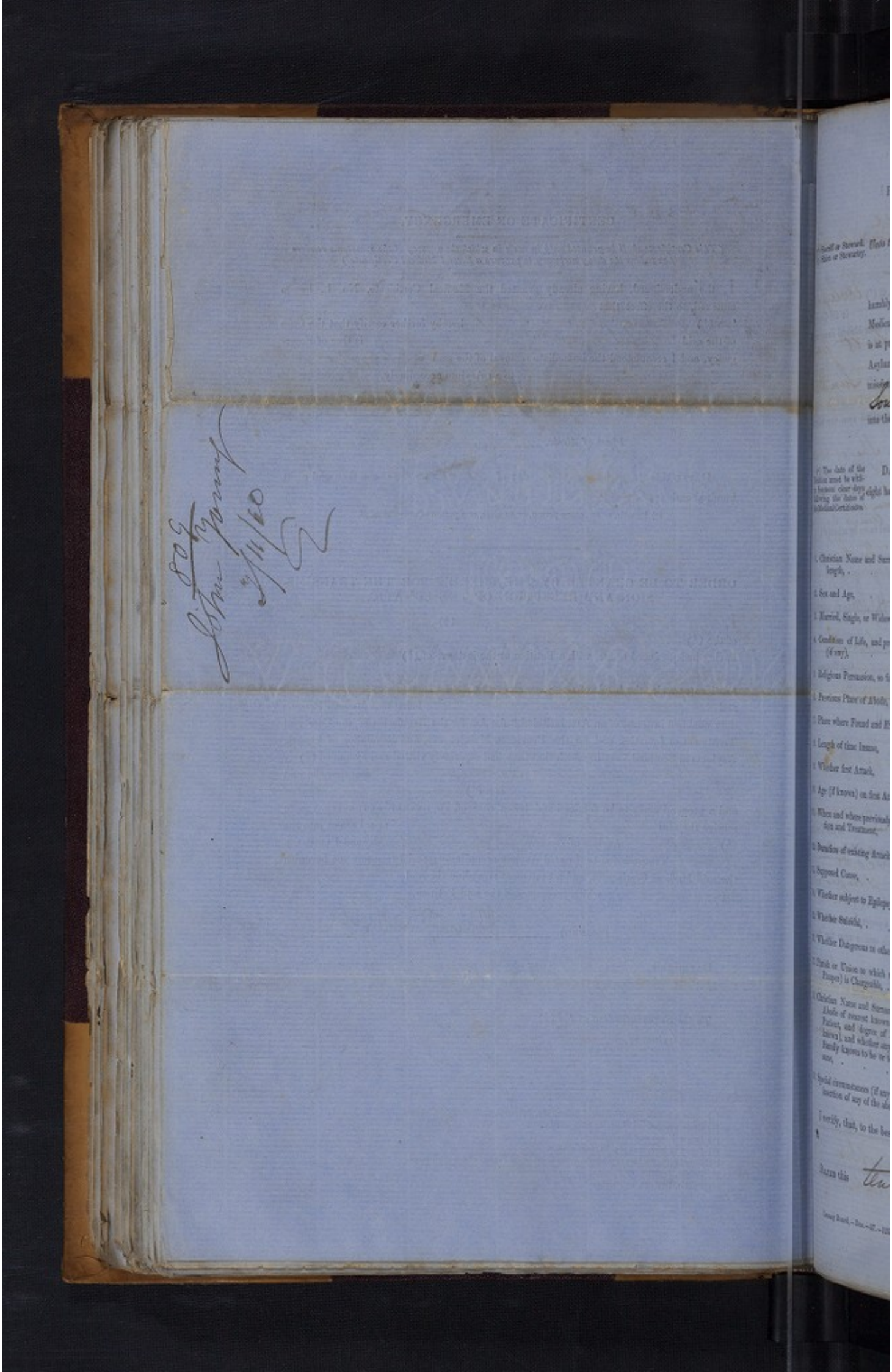
(SIGNED) John P. Trotter

DATED this Eighth day of November one thousand eight hundred and Sixty years

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

---

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



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) County of Dumfries *and his Substitutes.*—

The Petition of Inspector of Poor Parish of Hoddom
William Graham.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Scott, 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 Scott to the Southern Counties Asylum and to sanction ~~his~~ her admission into the said Asylum.

(SIGNED) Wm Graham
Inspector of Poor, Hoddom

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

DATED this tenth (2) day of November one thousand eight hundred and fifty

STATEMENT.

If any 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 Scott
2. Sex and Age,	Female — 48 years
3. Married, Single, or Widowed,	Widowed
4. Condition of Life, and previous Occupation (if any),	House Servant —
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Ecclefechan
7. Place where Found and Examined,	Do —
8. Length of time Insane,	Attacks since 1854
9. Whether first Attack,	No
10. Age (if known) on first Attack,	42 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of existing Attack,	Three days
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,	Hoddom
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,	Ann Cunningham Ecclefechan Mother Father weak minded
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,* Wm Graham

DATED this tenth day of November one thousand eight hundred and fifty

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1260.

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 Mell being a (1) Surgeon in the Royal Navy and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Ecclefechan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Ann Scott Pauper and that the said Ann 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) She is conscious that her mind is so far unsound as to render her unable to do what is right, and in a State of mind in which she has been when admitted into the Crichton Institution five times before.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The nervous system is in the highest state of irritation & excitement, refuses food & does not sleep.

(SIGNED) *Name and Medical Designation,* William Mell Surgeon Royal Navy

Place of Abode, Sinclairtown

DATED this tenth day of November One thousand eight hundred and Sixty

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 Young being a (1) Licentiate of the 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) Ecclefechan in the Parish of Hoddom in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Ann Scott residing at Ecclefechan a Pauper and that the said Ann 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) Great depression of spirits and sleeplessness exist in the same state in which I was when she attempted to Commit Suicide

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7) None

(SIGNED) *Name and Medical Designation,* William Young Surgeon

Place of Abode, Ecclefechan

DATED this tenth day of November one thousand eight hundred and Sixty

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 Fitzwm Dalton, Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Graham Inspector of Poor of the parish of Moffat in this County Certificates under the hands of William Bell Medical Practitioner and William Young, Ecclefechan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Scott residing in Ecclefechan, a Pauper and that the said Ann Scott is a Lunatic and of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ann Scott as a Patient into the (5) Public Asylum of Southern Counties Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ann Scott which accompanied the said Petition.

(SIGNED) John F Dalton

DATED this Twelfth day of November one thousand eight hundred and Sixty

To the Superintendent of the (6) Public
Asylum of Southern Counties
(near) 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.

Warrant for Committal
& Reception to the Institution
Cowlan Asylum Dumfries

Alex Scott, Attorney
Jane Anderson

12 Nov 1860

810
Anne Scott
13/11/60

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) County *of* Dumfries *and his Substitutes,—*

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Todd is at present in a state of Mental Derangement, and 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 Todd to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) John Dinwoodie. Inspector

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

DATED this Fourteenth (3) day of November One thousand eight hundred and Sixty

STATEMENT.

If any 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 Todd, 18
2. Sex and Age,	Male – 48 years
3. Married, Single, or Widowed,	
4. Condition of Life, and previous Occupation (if any),	Married – Watchmaker
5. Religious Persuasion, so far as known,	Presbyterian – Established Church
6. Previous Place of Abode,	Lockerbie
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	about a week
9. Whether first attack,	yes
10. Age (if known) on first Attack,	about 48 years
11. When and where previously under Examination and Treatment,	Dumfries
12. Duration of existing Attack,	about a week
13. Supposed Cause,	Intemperate use of intoxicating drinks
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,	14th November 1860
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,	Not Known

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

(SIGNED)* *Name,* John Dinwoodie Inspector

DATED this Fourteenth day of November One thousand eight hundred and Sixty

* 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, Wallace Marshall, being a (1) Graduate of the Faculty of Physicians & Surgeons Glasgow and College of Medicine and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Gate House Stonefield in the County of Stonefield separately from any other Medical Practitioner, visited and personally examined (4) John Todd and that the said John Todd 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) Speaks incoherently gives irrelevant answers to questions, starts in a manner when spoken to. Eyes dart to the corner of the room. Has constant state of excitement. Attempted to cut his throat this morning.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Cut his throat) Mark the same as above

(SIGNED) *Name and Medical Designation,* Wallace Marshall M.B. & C.M.

Place of Abode, Breckenrigh Street

DATED this 14th day of November One thousand eight hundred and Sixty 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, Patrick Quinn being a (1) Graduate of the University of Glasgow and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Gate House Stonefield in the County of Stonefield separately from any other Medical Practitioner, visited and personally examined (4) John Todd and that the said John Todd 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) Incoherent and unintelligible answers to questions, irritable when spoken to, and unintentionally gets up and walks about the room.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Attempted to cut his throat this morning with a razor, and threatened to stab a person who was sitting with him

(SIGNED) *Name and Medical Designation,* P. Quinn M.B.

Place of Abode, Stonefield

DATED this 14th day of November One thousand eight hundred and Sixty

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 Alexander Dalton (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dinwoodie Inspector of Poor of the parish of Dumfries
Certificates under the hands of William Maxwell Physician
and Patrick Murray Physician, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Dodd Watchmaker Dumfries a pauper and that the said
John Dodd is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Dodd 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 Dodd which accompanied the said Petition.

(SIGNED) Alex. Dalton

DATED this Fourteenth day of November One thousand eight hundred and Sixty years.

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

811
John Ford
14/11/60
2

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) Stewartry of Kirkcudbright, *and his Substitutes,*—

The Petition of John Lowden residing at Maryfield in the parish of Urr in said Stewartry, Inspector of the Poor of that District,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Mc. Entee

is at present in a state of Mental Derangement, and 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. Entee to the Southern Counties Asylum Dumfries, and to sanction his admission into the said Asylum.

(SIGNED) John Lowden Insp.r Urr

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

DATED this twenty eight (3) day of November one thousand eight hundred and Sixty

STATEMENT.

If any 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. Entee
2. Sex and Age,	Male aged 48 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Greenside County Durham (England)
7. Place where Found and Examined,	Springholm, examined in Kirkcudbright
8. Length of time Insane,	Not known
9. Whether first Attack,	No
10. Age (if known) on first Attack,	Cannot say
11. When and where previously under Examination and Treatment,	Cannot say
12. Duration of existing Attack,	Cannot say
13. Supposed Cause,	Cannot say
14. Whether subject to Epilepsy,	Cannot say
15. Whether Suicidal,	
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Urr in the meantime
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 Mc. Entee Springholm. Father — No
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 Lowden Insp.r

DATED this twenty eight day of November one thousand eight hundred and Sixty

* To be Signed by the Party applying.

Lunacy Board.—Dec.—37.—1240.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Sands Bland
being a (1) M.B. Cantab. & Edin. & Member of College of Surgeons Eng.
and being in actual practice as a (2) Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Kirkcudbright
in the County
separately from any other Medical Practitioner
visited and personally examined (4) John McIntee a Pauper
and t
the said John McIntee 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.:—

1. Facts indicating Insanity observed by myself: (6)
That his Father, house belongs to him — That he took off the
locks & chains for the saving of Souls, as being the work of
the devil

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
From the precognition taken & evidence to like purpose
by his Father & Mother & Neighbours

(SIGNED) Name and Medical Designation, John S. Bland M.C.M. Surgeon

Place of Abode, Royal Bench Kirkcudbright

DATED this 28th day of November One thousand eig
hundred and Sixty

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert 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, David Blair
being a (1) L.R.C.S.E.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Kirkcud
bright Jail
Kirkcudbright
in the County
separately from any other Medical Practition
visited and personally examined (4) John McIntee a Pau
and t
the said John McIntee 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.:—

1. Facts indicating Insanity observed by myself: (6)
From his telling me that he chain
on the doors of certain houses in Springholm
were devils chaining & that God
sent him & reading Scripture quotations for
2. Other facts (if any) indicating Insanity communicated to me by others. (7)

(SIGNED) Name and Medical Designation, David Blair Surg

Place of Abode, Kirkcudbright

DATED this 28th day of November one thousand eig
hundred and Sixty

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert 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 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 Hyacinth Dunbar. (1) Esquire Steward Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) John McEwan Fowden, Inspector of Poor of the Parish of Urr. Certificates under the hands of Dr. John Sanders Heald and David Blair, 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) John McEntee a Pauper and that the said John McEntee 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 McEntee as a Patient into the Southern Counties Asylum of Dumfries and I authorise this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John McEntee which accompanied the said Petition. one word deleted

(SIGNED) W. H. Dunbar

DATED this Twenty Ninth day of November one thousand eight hundred and Sixty years

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

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) Shire of Dumfries *and his Substitutes,—*

The Petition of Whitehaugh Castleton Roxburghshire William Keir Esq

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Janet Leslie or Keir is at present in a state of Mental Derangement, and 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 Janet Leslie or Keir to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(SIGNED) William Keir

(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 Nov one thousand eight hundred and fifty

STATEMENT.

If any 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 Leslie or Keir
2. Sex and Age,	Female 35
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Cattlewoman
5. Religious Persuasion, so far as known,	Estab. Church of Scotland
6. Previous Place of Abode,	
7. Place where Found and Examined,	Whitehaugh
8. Length of time Insane,	Six Months
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	34 ½
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	Six months
13. Supposed Cause,	Uterine irritation
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Suspected
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	William Keir Esq Husband & Patient Whitehaugh Newcastleton Roxburghshire
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,* William Keir

DATED this 28th day of Nov one thousand eight hundred and fifty

* To be Signed by the Party applying.

Lunacy Board.—Dec.—37.—1250.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Thomas G. Taylor Surgeon

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

being a (1) Licentiate of the Royal College of Surgeons Edinburgh

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

and being in actual practice as a (2) General Practitioner

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

hereby certify, on soul and conscience, that I have this day, at (3) Yoden King Carleton Grange Hospital Cannon Row in the County of York

separately from any other Medical Practitioner,

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

visited and personally examined (4) Mrs Janet Leslie or Reir Resident at Whitkirk a gentlewoman and

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

the said Mrs Janet Leslie or Reir is a (5) Person of Unsound Mind and a proper Person to be detained under Care and Treatment, 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 variable states of Temper, and excited conversation and General dislike to Attendants, and always endeavouring to remove away from Attendants to conceal herself as entirely lost in this world

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) has a tendency to escape at times during the night and speaks of wishing to be dead

(SIGNED) *Name and Medical Designation,* Thomas G Taylor Surgeon

Place of Abode, Newcastleton

DATED this Twenty first day of November One thousand eight hundred and Sixty

---

MEDICAL CERTIFICATE, No. II.

I, the undersigned James Selkirk M.D

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

being a (1) Graduate of the University of Edinburgh

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

and being in actual practice as a (2) Physician

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

hereby certify, on soul and conscience, that I have this day, at (3) Carleton Grange Hospital Cannon Row in the County of York

separately from any other Medical Practitioner,

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

visited and personally examined (4) Mrs Janet Leslie or Reir Gentlewoman aged resident at Whitkirk and the

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

the said Mrs Janet Leslie or Reir is a (5) Person of Unsound Mind and a proper Person to be detained under Care and Treatment, 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 alternately excited and depressed talking fire and brimstone

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7) Cannot sleep - Cannot settle to work - Wanders about as stated by her Attendant

(SIGNED) *Name and Medical Designation,* James Selkirk M.D

Place of Abode, Carleton Grange Hospital

DATED this twenty ninth day of November one thousand eight hundred and Sixty

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 Janet Leslie or Keir is a (1) person of unsound mind hereby further certify that the Case of the said Janet Leslie or Keir is One of Emergency, and I recommend the immediate removal of the said Janet Leslie or Keir to an Asylum accordingly.

Name, Thomas Taylor Surgeon

Place of Abode, New Castleton

DATED this Twenty eighth day of November one thousand eight hundred and Sixty

(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, Alexander Hannay, Sheriff Substitute of the (2) County of Dumfries having had produced to me with a Petition at the instance of (3) William Keir Esq Whitelaws by New Castleton Certificates under the hands of Thomas C. Taylor, and James Gilchrist, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Janet Leslie or Keir residing at Whitelaws Roxburghshire and that the said Mrs Janet Leslie or Keir 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 Mrs Janet Leslie or Keir as a Patient into the (5) Public Asylum of Crichton Royal at Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Janet Leslie or Keir which accompanied the said Petition.

(SIGNED) A. Hannay

DATED this 29th day of November one thousand eight hundred and Sixty

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

854
Lunatic Petition for Asylum
28/11/60

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

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 Inv *and his Substitutes,—*

The Petition of Mary Mc Rheenie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Williams Mc Rheenie is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Williams Mc Rheenie to the Crichton Royal Institution Dumfries and to sanction his admission into the said Asylum.

(SIGNED) Mary Mc Rheenie

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

DATED this Second (3) day of December, one thousand eight hundred and fifty 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,	Williams Mc Rheenie
Sex and Age,	Male 55 years
Married, Single, or Widowed,	married
Condition of Life, and previous Occupation (if any),	late farmer Kingsburgh
Religious Persuasion, so far as known,	Established Church of Scotland
Previous Place of Abode,	Kinnaston Manse, Maryfield
Place where Found and Examined,	Rothesay, Inv
Length of time Insane,	Certified Insane for more than a year
Whether first Attack,	First attack
Age (if known) on first Attack,	
When and where previously under Examination and Treatment,	Never previously examined
Duration of existing Attack,	Three Months
Supposed Cause,	Disappointment about a farm
Whether subject to Epilepsy,	Not subject
Whether Suicidal,	Has sometimes spoken as if he had attempted
Whether Dangerous to others,	Has threatened to strike people
Parish or Union 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 his Family known to be or to have been Insane,	Agnes Mc Rheenie, Sister living in Paisley Lanarkshire. One Cousin religious insane, another an imbecile
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, Mary Mc Rheenie

DATED this Second day of December one thousand eight hundred and fifty seven years.

* 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.

(6) *State the facts.*

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

I, the undersigned, Robert Dobbie
being a (1) Physicians (M.D. Edinr.) & L.R.C.S.

and being in actual practice as a (2) Physicians & Surgeons
hereby certify, on soul and conscience, that I have this day, at (3) 52 to 56 Cattle Market Lane, Ayr in the County of Ayr separately from any other Medical Practitioner visited and personally examined (4) William McWhannie and the said William McWhannie is a (5) on indigent person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
Excitement of manner; constant and confused statement of circumstances as facts, which have no existence

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Formed large business transactions & promiscuous dislike of friends (brothers)

(SIGNED) *Name and Medical Designation,* Robert Dobbie M.D. Surgeon

Place of Abode, New Bridge Street

DATED this first day of December One thousand eight hundred and Sixty 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, John Rouald
being a (1) Surgeon 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) the Cattle Market Lane, Ayr in the County of Ayr separately from any other Medical Practitioner visited and personally examined (4) William McWhannie Cattle Farmer and now residing at Robs End near Ayr and the said William McWhannie is a (5) person of unsound 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, almost on every subject; more particularly about Roups & purchasing and selling Cattle

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
He is restless and continually wandering about through the Country spending money extravagantly and to no purpose, he has taken a dislike to his wife and family and threatens violence

(SIGNED) *Name and Medical Designation,* John Rouald Surgeon

Place of Abode 29 Wellington Square Ayr

DATED this First day of December one thousand eight hundred and Sixty Years.

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 Davidson Esq (1) Sheriff Substitute
of the (2) County of Ayr
having had produced to me with a Petition at the instance of (3) Mary Mc
-Whinnie, residing in Parish of Inch, Wigtonshire
Certificates under the hands of Robert Dobbie
and John Ronald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Mc.Wheenie, residing at Robbland Ayr and that the said William Mc.Wheenie is a (5) insane person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Mc.Wheenie as a Patient into the (6) public Asylum of Crichton Royal 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 William Mc.Wheenie which accompanied the said Petition.

(SIGNED) Thomas Davidson

EK

DATED this third day of December one thousand eight hundred and sixty. —

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

858
Mrs. Ann Whitmire
4/12/00

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) County of Dumfries *and his Substitutes,*

The Petition of William Bell Smith Holm Grimwald

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Craig residing at Greenbrae my 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 Janet Craig to the Southern Counties Asylum at Dumfries, and to sanction his admission into the said Asylum.

(SIGNED) William Bell

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

DATED this 6th (3) day of December one thousand eight hundred and 60

STATEMENT.

If any 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,	60 Years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Sowing
5. Religious Persuasion, so far as known,	Reformed Presbyterian
6. Previous Place of Abode,	Greenbrae
7. Place where Found and Examined,	
8. Length of time Insane,	
9. Whether first Attack,	First attack
10. Age (if known) on first Attack,	Greenbrae
11. When and where previously under Examination and Treatment,	Five months
12. Duration of existing Attack,	Enquiry of the Head
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	Doubtful
15. Whether Suicidal;	Doubtful
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Wm Bell Smithholm Grimwald
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,* William Bell

DATED this Sixth day of December one thousand eight hundred and Sixty

* 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.*

I, the undersigned, James Murray McCulloch 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) Grenbree in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Janet Craig residing at Grenbree and the said 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.:—

(4) *Insert 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 declares herself (aged above 90 years), & all her other relations are conspiring against her, says they purloin her clothes, are liars &c. &c.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She says & that she is violent, abusive & wants to take dangerous quantities of Laudanum &c. &c.

(SIGNED) *Name and Medical Designation,* James Mc. McCulloch M.D.

Place of Abode, 38 Castle Street, Dumfries

DATED this sixth day of December One thousand eight hundred and sixty 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.*

I, the undersigned, Patrick Gumay being a (1) Graduate of the University of [illegible] and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Grenbree in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Janet Craig residing at Grenbree and the said 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.:—

(4) *Insert 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) States that she [illegible] annoy her, and attempts to do her, any injury, in question but [illegible] consistently continued

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7) States that the [illegible] take her clothes, and do not know [illegible] when she goes [illegible]

(SIGNED) *Name and Medical Designation,* Patrick Gumay

Place of Abode, Dumfries

DATED this 6th day of December one thousand eight hundred and 60

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 Pitcairn Trotter (2) Sheriff Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Bell Smidholm Cunwald Certificates under the hands of James Murray McCulloch Physician and Patrick Murray Physician, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Craig, Greenbrae, _____ and that the said Janet 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 Janet Craig _____ as a Patient into the (6) Public Asylum of Southern Counties, Dumfries, and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Craig _____ which accompanied the said Petition.

(SIGNED) John P. Trotter

DATED this Sixth day of December one thousand eight hundred and Sixty 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.

813
Lionel Craig
6/12/60

Commitment
38
Hackney

Certificate

20 & 21 *Vict., Cap.* 71, *Sect.* 54.

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 *and his Substitutes.*

The Petition of Archibald Brown

father-in-law undermentioned of J. Ingram

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that The Revd George Simpson Ingram is at present in a state of Mental Derangement, and 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 Simpson Ingram to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(SIGNED) Archd Brown

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

DATED this seventh (3) day of December one thousand eight hundred and sixty

STATEMENT.

If any 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 Simpson Ingram
2. Sex and Age,	Male 48
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Minister
5. Religious Persuasion, so far as known,	Independent
6. Previous Place of Abode,	Twickenham Middlesex
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	About 10 months
9. Whether first Attack,	No
10. Age (if known) on first Attack,	Forty five years.
11. When and where previously under Examination and Treatment,	Montrose
12. Duration of existing Attack,	About ten months.
13. Supposed Cause,	Over study Reclusion
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Professes to be so at times
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Mary Jane Ingram — Wife. No member of family has been insane
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,* Archd Brown

DATED this Seventh day of December one thousand eight hundred and Sixty

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1280.

Certificates
28th
Week days

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 Dickson M.D
being a (1) Doctor of Medicine, and a Member of the Royal College of Surgeons, Edinb
and being in actual practice as a (2) Physician
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) Revd George Simpson Ingram of Swinburne Middlesex and that the said Revd George Simpson Ingram is a (5) Person of Unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) - Depression, anxiety - unfounded fears of ill-being of his family & the responsibilities attaching to Pastoral

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Periods of deep depression & gloom - Fears of Expectation are the early forms of that his pecuniary affairs are Repeated Attempts to commit suicide - one nearly successful -

(SIGNED) *Name and Medical Designation,* John Dickson

Place of Abode, 20 Buccleuch Street

DATED this seventh day of December One thousand eight hundred and sixty.

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 Gibson M.D
being a (1) Graduate of the University of Edinburgh & Physician
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Dumfries Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Revd George Simpson Ingram of Swinburne Middlesex and that the said Revd George Simpson Ingram is a (5) Person of Unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Despondent Person dissatisfaction with the present appointment about the future unfavourable and likely to commit suicide

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7) Occasionally, uncommonly irritable when in that condition shuns the society of his wife and family attended by [illegible] Written-medicine

(SIGNED) *Name and Medical Designation,* James Gibson

Place of Abode, Crichton Dumfries

DATED this Twenty day of December One thousand eight hundred and sixty.

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 Pitcairn Trotter (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Archibald Brown of Dunreckan, Middlesex Certificates under the hands of John Dickson, Dumfries and James Eckford, Dumfries, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) the Rev. George Simpson Ingram of Dunreckan and that the said George Simpson Ingram 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 Simpson Ingram as a Patient into the (6) Public Asylum of Crichton Royal Institution, and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said George Simpson Ingram which accompanied the said Petition.

(SIGNED) John P. Trotter

DATED this Eighth day of December one thousand eight hundred and sixty years

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

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) County *of* Dumfries *and his Substitutes,—*

The Petition of Andrew Byres Senr Manufacturer Langholm

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Andrew Byres Junr my 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 Byres Junr to the Crighton Institution and to sanction his admission into the said Asylum.

(SIGNED) Andrew Byres

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

DATED this Eleventh (3) day of December one thousand eight hundred and Sixty 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,	Andrew Byres Junr
2. Sex and Age,	Male 25 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Cloth Examiner
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Langholm
7. Place where Found and Examined,	at his Fathers house Charles Street and at
8. Length of time Insane,	Six Months (Formerly Langholm
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,	Six Months
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Threatening
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Andrew Byres Charles Street Langholm Father of the Patient — No
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,* Andrew Byres

DATED this Eleventh day of December one thousand eight hundred and Sixty

* To be Signed by the Party applying.

Lunacy Board,—Dec.—37.—1200.

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 Johnstone Carlyle being a (1) Member of the Royal College of Physicians and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Townhead Langholm Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Andrew Byres junr. Johnstone Langholm and the said Andrew Byres is a (5) person of unsound 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) Genuine belief [illegible] infidelity with various morbid delusions, [illegible] threatening violence against him, Orders absurd [illegible] and [illegible]

2. Other facts (if any) indicating Insanity communicated to me by others. (7) The above facts have been communicated to me [illegible] Letter by Catherine Byres and by his Mother Mrs Byres as well as others

(SIGNED) *Name and Medical Designation,* W. J. Carlyle M.D.

Place of Abode, Langholm

DATED this 16th day of December One thousand eight hundred and Sixty

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 Dickson being a (1) Member of the Royal College of Physicians and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution Dumfries in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mr Andrew Byres and the said Mr Andrew Byres is a (5) person of unsound 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) Belief of [illegible] infidelity of his wife — that he has [illegible] that she has gone to live with one of [illegible] many enemies who are plotting against his happiness. He is [illegible] depressed & suspicious of all.

2. Other facts (if any) indicating Insanity communicated to me by others. (7) The same facts have been communicated by his mother & those at present in charge of him.

(SIGNED) *Name and Medical Designation,* John Dickson

Place of Abode, 20 Buccleuch Street Dumfries

DATED this 16th day of December one thousand eight hundred and Sixty

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 Andrew Byres junr. is a (1) person of unsound mind hereby further certify that the Case of the said Andrew Byres is One of Emergency, and I recommend the immediate removal of the said Andrew Byres to an Asylum accordingly.

Name, W. J. Carlyle M.D. & Lanyon

Place of Abode, Lanyhorne

DATED this 10th day of December one thousand eight hundred and sixty

(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 Pteaun Trotter (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Andrew Byres Senior manufacturer Lanyhorn Certificates under the hands of William Johnstone Carlyle and Johnt 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 Byres Junior both examined Lanyhorn and that the said Andrew Byres Junior is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Andrew Byres Junior as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Andrew Byres Junior which accompanied the said Petition.

(SIGNED) John P. Trotter

DATED this Twelfth day of December one thousand eight hundred and sixty years.

To the Superintendent of the (7) Public *Asylum of* 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, or Private.
(7) Public, District, or Private.

850
Admitted 5 Nov 1860
Left 12/12/60

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) Shire of Dumfries *and his Substitutes,—*

The Petition of Robert M'Kune

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Boyle is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Wiliaam Boyle to the ~~Royal Lunatic Asylum~~ Crichton Institution and to sanction his admission into the said Asylum.

(SIGNED) Robert M'Kune

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

DATED this Fourth (3) day of December one thousand eight hundred and sixty

STATEMENT.

If any 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 Boyle
2. Sex and Age,	Male 34 years
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	Gardener
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	~~Dalton~~ Tynron and Penpont
7. Place where Found and Examined,	Thornhill Poorhouse
8. Length of time Insane,	three months
9. Whether first Attack,	first attack
10. Age (if known) on first Attack,	34 years
11. When and where previously under Examination and Treatment,	no
12. Duration of existing Attack,	Three months.
13. Supposed Cause,	Loss of his Wife
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	supposed to belong Chargeable to Tynron
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,	Agnes Boyle Poorhouse Thornhill Mother — no other of the family Insane
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,* Robert M'Kune

DATED this Fourth day of December one thousand eight hundred and sixty

* 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, Alexander Maxwell Lu
being a (1) M. R. C. S. England
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Preston
Kirk bean
Kirkcudbright in the Count
separately from any other Medical Practitio
visited and personally examined (4) William Boyle
and t
the said William Boyle is a (5) pau
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.:—

1. Facts indicating Insanity observed by myself: (6) Melancholy
delusions of despondency. He
absorbed by the painful sensa
that he is surrounded by evil Spirits
2. Other facts (if any) indicating Insanity communicated to me by others: (7)
is easily. He is deserted and fond of Solit
Temperate by dreams - His mother says
Hate began soon after the death

(SIGNED) Name and Medical Designation, Alexander Maxwell
Place of Abode, Kirkbean Village

DATED this 11th day of December One thousand ei
hundred and Sixty

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 Menzies ~~M.D. Edin~~
being a (1) Member of the College of Surgeons Ed
and graduate of Edinburgh University
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Preston
Village
Kirkcudbright in the County
separately from any other Medical Practition
visited and personally examined (4) William Boyle - Pau
Preston Mill
and t
the said William Boyle is a (5) Person
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.:—

1. Facts indicating Insanity observed by myself: (6) He is in a st
delusions melancholy thinks himself too w
to associate with others, says he is in a
of despair, imagines he hears evil spirits
hearing them at times.
2. Other facts (if any) indicating Insanity communicated to me by others. (7)
Mother and Mistress state that he often talk
irrationally during the hours of the night, an
sometimes gets very Violent excited.

(SIGNED) Name and Medical Designation, James Menzies
Place of Abode, Kirkbean

DATED this 11th day of December one thousand eigh
hundred and 60

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, Alexander Hannay Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Robert McKnee Inspector of Poor Kirkbean
Certificates under the hands of Alexander Maxwell
and James Menzies, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Boyle, a pauper, from Preston Mill and that the said
William Boyle 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 Boyle as a Patient into the (6) Public Asylum of Southern Counties at Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Boyle which accompanied the said Petition.

(SIGNED) A. Hannay

DATED this 12th day of December one thousand eight hundred and Sixty

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.

814
William Boyle
12/12/60

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 or Steward. (*) Shire or Stewartry.

Unto the Honourable the (*) ~~Steward~~ Sheriff of ~~the~~ (*) ~~Stewartry~~ Wigton and of Kirkcudbright and his Substitutes,

The Petition of James Thomson, Inspector of Poor,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes McMinn 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 Agnes McMinn to the Crichton Royal Institution, Dumfries and to sanction her admission into the said Asylum. *five words deleted.*

(SIGNED) James Thomson

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

DATED this fifteenth (*) day of December One thousand eight hundred and Sixty

STATEMENT.

If any 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 McMinn
2. Sex and Age,	Female – about 68 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	For long Kept House for a Brother
5. Religious Persuasion, so far as known,	Member of Church of Scotland
6. Previous Place of Abode,	Kirkcudbright
7. Place where Found and Examined,	Kirkcudbright
8. Length of time Insane,	Periodically for many years
9. Whether first attack,	No
10. Age (if known) on first Attack,	50 years or about that age
11. When and where previously under Examination and Treatment,	Has been under treatment at the Lochlea Institution 9 different times. Last at 4 weeks ago –
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,	Has shewn dangerous symptoms towards her Sister
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcudbright
18. Date of becoming Chargeable,	December 13th 1860
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,	Janet McMinn, Sister, McMorrose Parish of Kirkcudbright, none of her Relations so far as known to her Sister have ever 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.

(SIGNED)* *Name,* James Thomson

DATED this fifteenth day of December One thousand eight hundred and Sixty

* 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, J. M. Steuart M.D.
being a (1) Graduate of Edinburgh University & Fellow of Royal College 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) Millhouses
in the County of
Berkshire separately from any other Medical Practitioner,
visited and personally examined (4) Agnes McL Mennie Millhouses
Pauper
and that
the said Agnes McL Mennie is a (5) insane
person
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) extravagant conduct & violence of words and acts. destroying at parties without cause. & destroying furniture. & keeping the neighbourhood awake at night. & believing herself in imminent danger of person &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
A corroboration of the above. given by her mother. Mrs Cochrane & former fellow neighbours

(SIGNED) *Name and Medical Designation,* J. M. Steuart M.D. F.R.C.P.

Place of Abode, Oakley House Kirkcudbright

DATED this 15th day of December One thousand eight hundred and sixty

---

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 Sanders Shand
being a (1) M. D. of University of Edin.r & Surgeon
and being in actual practice as a (2) Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Millhouses
in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Agnes McMinn Pauper
and that
the said Agnes McMinn is a (5) person of unsound
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 constantly wandering about restless at night has a quick jealous disposition of Eyes & countenance loves to be left alone but insists that the house is kept & window blinds open & shuts them

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The above statements confirmed by her Sister & Niece & by Neighbours

(SIGNED) *Name and Medical Designation,* John S. Shand M.D. & Surgeon

Place of Abode, Royal Burgh of Kirkcudbright

DATED this 15th day of December One thousand eight hundred and sixty

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 Hyslop Mc Dunbar, (1) Legr. Steward Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) James Kennedy, Inspector of Poor of the Parish of Kirkcudbright Certificates under the hands of John Chard and John Sanders Chard, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McMinn a Pauper, and that the said Agnes McMinn 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 McMinn 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 McMinn which accompanied the said Petition.

(SIGNED) W. H. Dunbar

DATED this Fifteenth day of December One thousand eight hundred and Sixty

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.

815
Agnes McMinn
22/12/82

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 (2) Kirkcudbright
Wigtownshire Richard Wright and his Substitutes

The Petition of James Robertson Inspector of Poor Kirkpatrick

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

is at present in a state of Mental Derangement, and 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 Little to the Northern Counties Asylum Lunatics &c. and to sanction his admission into the said Asylum.

(SIGNED) James Robertson

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

DATED this twenty fourth (3) day of December one thousand eight hundred and Sixty 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 Little
2. Sex and Age,	Female between Twenty six & Twenty seven years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Has resided Permanently in Kirkpatrick Durham since April 1858 but not in any situation
5. Religious Persuasion, so far as known,	Not Known
6. Previous Place of Abode,	Removing Place
7. Place where Found and Examined,	Gatemouth Kirkcudbright
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,	never was under Treatment
12. Duration of existing Attack,	—
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	not subject to Epilepsy
15. Whether Suicidal,	not Suicidal
16. Whether Dangerous to others,	considered so
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkpatrick Durham
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,	Robt & Jas Little Brothers of the Patient both residing at Kirkpatrick none of the Family has been known insane as far as known
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, James Robertson

DATED this twenty fourth day of December one thousand eight hundred and Sixty years

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1200.

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 Saunders Shand being a (1) M.B. and Surgeon, Edinburgh and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Parochial Poorhouse Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Mary Little a Pauper and the said Mary Little is a (5) Person of Unsound Mind and a proper Person to be detained under Care and Treatment, 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 generally laughing whether spoken to or not and became on the day of the week on the Monday of the year [illegible] that she was [illegible] Liverpool she would be employed as a Pilot – that when at Newyork

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) By James Taylor, Steward of the Steam Boat who told an insane woman on board, she had attempted into the Sea, talked nonsense incessantly

(Signed) *Name and Medical Designation,* John S. Shand M.D

Place of Abode, Royal Burgh Kirkcudbright

Dated this 25th day of December One thousand eight hundred and Sixty

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 Shand M.D. F.R.C.P.E. being a (1) Graduate of Edinburgh University, Letters of Royal College 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) the Parochial Poorhouse of Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Mary Little pauper and the said Mary Little is a (5) person of unsound judgement and a proper Person to be detained under Care and Treatment, 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 laughs incoherently, continually laughs after speaking on whatever subject proposes going to school, refuses to answer questions, at times laughs at Questions, refuses to leave Carpet, as she says nobody can talk any thing from it, except and from her Conduct generally as well as from her Aspect

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7) Conduct at the Steamboat as narrated by Taylor Steward of Steamer, and from the observations made by Dr Shand

(Signed) *Name and Medical Designation,* J. S. Shand M.D. F.R.C.P.E.

Place of Abode, Kirkcudbright

Dated this 28th day of December one thousand eight hundred and Sixty.

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 Hyacinth Dunbar Esquire Steward Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) James Bell Inspector of the Poor of the Parish of Kirkpatrick Durham Certificates under the hands of John Sanderson Hand and John Shand, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Little, a Pauper and that the said Mary Little 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 Little as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorise Her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Little which accompanied the said Petition.

(SIGNED) W H Dunbar

DATED this Twenty sixth day of December one thousand eight hundred and Sixty years

To the Superintendent of the 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.

816
Letter
Printed
26/12/60

CRICHTON ROYAL INSTITUTION,

Bazar Department.

SOUTHERN COUNTIES' ASYLUM,

FOR THE SHIRES OF DUMFRIES AND WIGTOWN, AND STEWARTRY OF KIRKCUDBRIGHT.

Trustees.

Mrs CRICHTON of Friars' Carse.
Lieut.-Colonel GRIERSON of Barn-bennoch.
J. MACALPINE LENY, Esq. of Dalswinton.

Extraordinary Trustees.

His Grace the Duke of Buccleuch.
The Right Hon. the Earl of Galloway.
The Right Hon. the Earl of Selkirk.
The Lord-Lieutenant of the Shire of Dumfries.
The Member for the County of Dumfries.
The Sheriff of the Shire of Dumfries.
The Minister of St. Michael's Church, Dumfries.

Directors.

Thomas Stewart Gladstone, Esq. of Capenoch.
James Hotchkis, Esq., Ladyfield.
Major George G. Walker of Crawfordton.
John Gilchrist Clark, Esq. of Spoddoch.
Adam Skirving, Esq. of Croyes.

Officers.

James Gilchrist, M.D., Resident Physician.
Dr Samuel Grierson, Medical Assistant.
Mrs Hearder, Matron.
And. Henderson, House Steward.
John M'Crerie, Superintendent.

E. Adamson, Esq., } Treasurers.
S. Adamson, Esq., }

Rev. G. Cowans, Chaplain.

Patients will be received on presenting or transmitting at the time of, or previous to, their admission, the following documents:—A written application from the nearest of kin, guardians, or Inspector of Poor, to the Resident Medical Officer, Dr Gilchrist; certificates of lunacy and a warrant from the Sheriff, as required by law; also an obligation from the Inspector of Poor, or other satisfactory Obligant, to pay the board of Patients, which includes clothes and bedding, and to comply with all rules and regulations as to their removal and burial.

All applications for admission should be forwarded at least three days before the arrival of the Patient, that time may be given for correspondence, and that due preparation may be made for his or her reception. Patients will be received between 8 A.M. and 8 P.M. upon every lawful day.

The board must, in all cases, be paid to the Treasurer in advance, quarterly, at the terms of Whitsunday (15th May), Lammas (1st August), Martinmas (11th November), and Candlemas (2d February); and when the Patient first enters, a full quarter's board, and the proportion of the quarter current at the time, will be required; and there will be no return nor repayment of the board so advanced. It shall include charges of all kinds: no fees being exigible by the Medical or any other Officers on admission or discharge, or at any other time, or upon any pretext whatever.

Visitors will be permitted to see all parts of the House on Wednesdays, between the hours of ten and twelve o'clock, on presenting an order, signed by a Trustee, Director, or one of the Medical Officers, but at no other time; and they are strictly prohibited from seeing or mingling with Patients of any class, without the express sanction of the Resident Medical Officer. The friends or guardians of Patients will be permitted to have free and private communication with them, if convalescent, between ten and twelve o'clock every lawful day; and, in all cases, to see and converse with them in presence of an officer, should such intercourse be considered safe or salutary; but no visitor, friend, or guardian can be allowed to convey to the Patients any article of food or dress, books, newspapers, &c., without the knowledge and approbation of the Resident Medical Officer.

Patients are not allowed to have a right to any remuneration for their labour; but small rewards will be occasionally given as an encouragement during residence, or a provision on dismissal.

Patients when admitted will be provided with all articles of clothing by the Institution; their own clothes being retained until dismissal or death, when they will be returned to the friends or guardians. Patients when recovered are discharged on the representation of the Resident Medical Officer to the Trustees and Directors, but he is required to communicate with the persons by whom the obligation for board, &c., is signed, before the dismissal of any Patient; should they neglect or refuse to comply with the request for a week after the time fixed for removal in the notice, the rate of board for which they are responsible may be doubled, or the Patient sent to his or her home or parish at their expense.

A fortnight's notice of the intention of friends or guardians to remove a Patient must be forwarded to the Resident Medical Officer.

The Patients will be, under every variety of circumstances, and under every aspect of the malady, visited by the Resident Medical Officer, Matron, and Medical Assistant, always once or twice a-day, and in general they will be inspected, almost every hour, by these or the other Officers. The grand principles of moral treatment upon which the Institution will be conducted are justice, kindness, and occupation; and, by the application of these, the Patients, in so far as is consistent with their condition, will be induced to regard the Asylum as a home, and those to whose care they are entrusted as friends and companions.

Answers to the following Queries are solicited in all cases, if possible, from the MEDICAL ATTENDANT:—

QUERIES.	ANSWERS.
1. Name, age, condition, occupation, disposition, amount of education, and general deportment of the Patient.	Mary Little [illegible] 26 & 27 years of age Single, Education good Disposition bad
2. What is the cause, predisposing and exciting, moral or physical; and what circumstances may have predisposed to, aggravated, or confirmed the disease?	Bad Company & Drink
3. Before the incursion of the disease, were there observed any unusual depression or elevation of spirits, any marked alterations in the functions of the body, or in the temper, opinions, conduct, sleep, &c.?	None
4. Has the Patient been subject to epilepsy, or other convulsive affections, previous to or during the existence of insanity; and for what other diseases or accidents has medical or surgical treatment been at any time required?	Not subject to Epilepsy &c &c [illegible] by Parents has never been under Medical Treatment
5. What have been, and are, the prominent symptoms of the malady? has any obvious change in its form occurred; and does it appear to be increasing, declining, or stationary?	Stationary
6. Mention the present state of the external senses; of the appetite, digestion, and evacuations; of the pulse, respiration; and of all other functions, so far as they can be ascertained.	Appetite good
7. Is this the first attack, or a relapse? by what peculiarity of constitution or manner was it ushered in—if a relapse, of what duration was the lucid interval? and what has been the number of previous attacks?	has been frequently [illegible] by Medical Practitioners but only of late [illegible]
8. What have been, and are, the delusions, habits, peculiarities, and pursuits of the Patient, during the night as well as the day, since the invasion of insanity?	~
9. Does the Patient manifest any disposition to commit suicide? has he made any attempt to do so, and by what means?	None
10. Does the Patient manifest any disposition to injure other persons or property—to cherish any malicious design—or is the morbid train of thought excited by any particular subject or event?	has frequently threatened [illegible] both People & Property is not [illegible] & has been imprisoned for the same [illegible]
11. Is the Patient or his relatives subject to any hereditary, nervous, or periodical disease, and what? or have they manifested any peculiarity, eccentricity, or prominent propensity, or tendency to crime?	Not as far as Parents
12. What treatment has been resorted to, for what length of time, and with what success?	None
13. How long has the Patient been insane? or has he ever been in any public asylum or private mad-house?	Never in any Public [illegible] from that House

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 or Steward. (*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) County of Dumfries and his Substitutes,

The Petition of John Dinwoodie, Inspector of Poor for the Parish of Dumfries,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert C. Kennedy residing in Dumfries is at present in a state of Mental Derangement, and 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 C. Kennedy to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) John Dinwoodie, Inspector

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

DATED this Seventh (*) day of January One thousand eight hundred and Sixty one.*

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Robert C. Kennedy
2. Sex and Age,	Male – 58 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Mason
5. Religious Persuasion, so far as known,	Baptist
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	Ditto
8. Length of time Insane,	Six months since first observed
9. Whether first attack,	yes
10. Age (if known) on first Attack,	58 years or thereby
11. When and where previously under Examination and Treatment,	Dumfries Infirmary
12. Duration of existing Attack,	About six Months
13. Supposed Cause,	Not any in particular
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,	7th June 1860
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,	Not known

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

(SIGNED)* Name, John Dinwoodie Inspector

DATED this Seventh day of January One thousand eight hundred and Sixty one.

* 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, William Marshall being a (1) Graduate of the Faculty of Physicians Surgeons Glasgow and College of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) St David St Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Robert Kennedy and that the said Robert Kennedy 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) Speaks incoherently answers Question Quite rationally, Believes Himself superior person on Earth Says he Can't weigh 6 Banks, Forms Threaten to kill his wife &c

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

Wants to get out, that he may go to the assistance of some Lady, or act

(SIGNED) *Name and Medical Designation,* William Marshall M.D.

Place of Abode, Buccleuch Street Dumfries

DATED this 6th day of January One thousand eight hundred and Sixty 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.

(6) *State the facts.*

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

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) St David s in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Robert Cutler Kennedy and that the said Robert C. Kennedy is a (5) person of unsound 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 Threatens to destroy himself —

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

Wanted a Knife to cut his throat — had to be tied in bed to prevent him from doing mischief to himself & others — Wife & Daughter info

(SIGNED) *Name and Medical Designation,* William Scott M.D.

Place of Abode, Dumfries

DATED this 4th day of January One thousand eight hundred and 61 —

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, Alexander Hannay (2) Sheriff Substitute
of the (3) County of Dumfries having had produced to me with a Petition at the instance of (4) The Directors of Poor for the Parish of Dumfries Certificates under the hands of William Dunlop and William Scott, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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) Robert C. Kennedy residing in Dumfries and that the said Robert C. Kennedy is (6) a person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert C. Kennedy as a Patient into the (7) Public Asylum of Southern Counties 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 Robert C. Kennedy which accompanied the said Petition.

(SIGNED) Alex Hannay

DATED this Seventh day of January One thousand eight hundred and Sixty one

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.

818

Robert Carter Kennedy

2/1/61

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) County of Dumfries *and his Substitutes,—*

The Petition of Joseph Welsh

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Nancy Conway is at present in a state of Mental Derangement, and 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 Conway to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) Joseph Welsh Inspector of Poor Ringwood

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

DATED this Thirtieth (3) day of January, one thousand eight hundred and Sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Nancy Conway
2. Sex and Age,	Female
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Was a Servant
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	Crockford Bank of Ver
7. Place where Found and Examined,	Court House Burbage Common
8. Length of time Insane,	More or less for years
9. Whether first Attack,	No
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	for two days
13. Supposed Cause,	delusion as to a sum of Money
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Dangerous
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Ringwood in the meantime
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,	Mary Conway Sister
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,* Joseph Welsh Inspector of Poor Ringwood

DATED this Thirtieth day of January one thousand eight hundred and Sixty one

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1780.

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 Finney M.D.
being a (1) Graduate of the University of Edin
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Court
Bruceshaw
Thurlestraight in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Nancy Conway
and that
the said Nancy Conway 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) Quite incoherent
and unable to see person addressed
states that she might know them
if she saw them as she has been
in bed a week & the
in fact)

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
States that a number of persons
her enemies and trying to destroy her
her husband &c

(SIGNED) *Name and Medical Designation,* P. Finney M.D.

Place of Abode, 22 Bruceshaw Court Dun

DATED this 18th day of January One thousand eight
hundred and 61

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 of the Faculty of Physicians &
Glasgow and College of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Court House
Maxwelltown
Kirkcudbright in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Nancy Conway
and that
the said Nancy Conway 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) Violently noisy
and quarrelsome imagines that her neighbours
conspire to deprive her of a large fortune
which should have come to her through the de

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her neighbours complain of her saying these
such things and of her violence in general

(SIGNED) *Name and Medical Designation,* Marshall M.D.

Place of Abode, Bruceshaw Court Dumfries

DATED this 16th day of January one thousand eight
hundred and sixty one years

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, Alexander Hannay, Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Joseph Welsh, Inspector of Poor, Thornhill Certificates under the hands of Patrick Murray, M. D. and William Marshall, 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) Nancy Conway a pauper, Maxwelltown and that the said Nancy Conway is a (5) Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Nancy Conway as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Nancy Conway which accompanied the said Petition.

(SIGNED) Alx Hannay

DATED this 9th day of January one thousand eight hundred and Sixty one

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.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Smith
being a (1) Fellow of the R. College of Physicians Edin.
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) the Lunatic Asylum of Saughtonhall in the County of Midlothian separately from any other Medical Practitioner, visited and personally examined (4) Mrs Helen McKenzie Ross and that the said Mrs McKenzie Ross is a (5) person of unsound 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)
High idea of her own importance, also of her talents – Extravagant religious views, particularly as to her purity. Manner overbearing, boisterous & threatening – At times violent

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
and injurious. Language abusive, coarse & foul – Occasionally speaks & laughs much to herself.

(SIGNED) Name and Medical Designation, John Smith M.D

Place of Abode, 20 Charlotte Square Edin.

DATED this 17th day of January One thousand eight hundred and sixty one

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

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

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

(4) *Insert 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 Henry Lowe,
being a (1) Fellow of the Royal College of Physicians
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Saughton Hall in the County of Midlothian separately from any other Medical Practitioner, visited and personally examined (4) Mrs Helen Mackenzie Ross and that the said Mrs Helen Mackenzie Ross 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) Her judgement and appreciation of actual facts is perverted, hence false statements on the part of the patient of any description. Mendacious in her and the correct language – At times violent & excitable

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
religious Rhapsodies –
Dr Wood & others describe many acts of Rec...

(SIGNED) Name and Medical Designation, [illegible] M.D. F.R.C.P.E.

Place of Abode, Edinburgh

DATED this 17th day of January One thousand eight hundred and 61

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

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

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

(4) *Insert 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 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 Mrs Helen McKenzie Ross is a (1) person of unsound mind hereby further certify that the Case of the said Mrs Helen McKenzie Ross is One of Emergency, and I recommend the immediate removal of the said Mrs Helen MacKenzie Ross to an Asylum accordingly.

Name, John Smith M.D

Place of Abode, 20 Charlotte Square Edin

DATED this 17th day of Jany One thousand eight hundred and sixty one

(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, Mr Peter Gaulter (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Peacock on behalf of Helen MacKenzie, Dundonald Ross shire. Certificates under the hands of John Smith and William Henry Lowe, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 MacKenzie Ross, residing at Alde Ross shire and that the said Helen MacKenzie Ross. 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 MacKenzie Ross — as a Patient into the (6) Public Asylum of Crichton Royal Institution 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 Helen MacKenzie Ross which accompanied the said Petition.

(SIGNED) P Gaulter

DATED this Eighteenth day of January One thousand eight hundred and sixty one years

To the Superintendent of the (7) Public *Asylum of* 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, or Private.
(7) Public, District, or Private.

Ellen Mackenzie Born
1841

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) County of Dumfries and his Substitutes,—.

The Petition of Mrs Elizabeth Hastings, of Maxwelltown humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elisabeth Hastings, of Kirkgunzeon, Dumfries is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elisabeth Hastings to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) Mrs Elizabeth Hastings

(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 January One thousand eight hundred and Sixty one 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,	Elisabeth Hastings
2. Sex and Age,	Female aged 44 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Lives with mother Farming & Knitting
5. Religious Persuasion, so far as known,	Not known
6. Previous Place of Abode,	Not any other
7. Place where Found and Examined,	at home at Broadhead in Kirkgunzeon
8. Length of time Insane,	about 14 months
9. Whether first attack,	Something of the kind appeared 20 years ago
10. Age (if known) on first Attack,	24
11. When and where previously under Examination and Treatment,	Some place
12. Duration of existing Attack,	got better in about 1 month of rather weak mind from infancy
13. Supposed Cause,	
14. Whether subject to Epilepsy,	yes — no
15. Whether Suicidal,	Not known but spoke of drowning
16. Whether Dangerous to others,	said to be watched for for some part
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkgunzeon
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,	Margaret Austin Mother Broadhead in Kirkgunzeon some but lately not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Not any

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

(SIGNED)* *Name*, Mrs Elizabeth Hastings

DATED this 18th day of January One thousand eight hundred and 61

* To be signed by the Party applying.

F. 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, Patrick Grenan of [illegible]
being a (1) Graduate of the University of Edin[illegible]
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Bogfea[illegible]
[illegible] Lane
[illegible] Newington
in the ~~County~~ of [illegible]
separately from any other Medical Practitioner,
visited and personally examined (6) Elizabeth Hastings
and that
the said Elizabeth Hastings is a (5) Person of
unsound 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) Assisted quie[illegible]
[illegible] the great heat of the fire [illegible] very
[illegible] to herself & [illegible] that she was [illegible]
[illegible] a fortune to the house, [illegible] to [illegible]
[illegible] & [illegible] her, and [illegible] for a man & she

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
[illegible] in most [illegible] language to the [illegible]
[illegible] & [illegible] great indecency towards
[illegible] to be [illegible] found to [illegible] the touching

(SIGNED) *Name and Medical Designation,* P Grenan GP

Place of Abode, [illegible]

DATED this [illegible] day of [illegible] One thousand eight hundred and 61 5

MEDICAL CERTIFICATE, No. II.

(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.

(6) *State the facts.*

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

I, the undersigned, William Marshall
being a (1) [illegible] of the Faculty of Physicians & Surgeons and
[illegible] of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Bogfield
[illegible] Lane
[illegible] Newington
in the County of
separately from any other Medical Practitioner,
visited and personally examined (6) Elizabeth Hastings
and that
the said Elizabeth Hastings 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) Can scarcely be [illegible]
the answer any question to which she [illegible]
[illegible] & [illegible] the [illegible] objects flying
[illegible] and [illegible] her mother and friends [illegible]
is particularly desirous of [illegible] & [illegible] for a Be

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
[illegible] most violent in her general [illegible]
[illegible] towards her mother when she is re[illegible]
her confinement

(SIGNED) *Name and Medical Designation,* Wm Marshall MD

Place of Abode, Bruntsfield St Edinburgh

DATED this 15th day of January One thousand eight hundred and 61

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, [illegible] (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Mr Elizabeth Hastings residing at Mayes Mtown Certificates under the hands of Patrick Murray 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) Elizabeth Hastings Boghead Kirkpatrick and that the said Elizabeth Hastings 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 Hastings 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 Elizabeth Hastings which accompanied the said Petition.

(SIGNED) J Shirp Rolle

DATED this 19th day of January One thousand eight hundred and Sixty one

To the Superintendent of the (7) Robing
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.

820
Charlotte Mackenzie
21/1/61

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

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 (*) Sheriff of the (*) Sheriffdom of Wigton & Kirkcudbright and his Substitutes,—

The Petition of M. M'Farlane Inspector of Poor of Leswalt humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes M'Coid is at present in a state of Mental Derangement, and 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 M'Coid to the Crichton Royal Institution & Dumfries Asylum and to sanction the admission into the said Asylum.

(SIGNED) M. M'Farlane

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

DATED this Fourteenth (*) day of January one thousand eight hundred and Sixty one 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 M'Coid
2. Sex and Age,	Female - 29 - years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Servie
5. Religious Persuasion, so far as known,	Free Church
6. Previous Place of Abode,	Arnew Cottage Penwhirn Parish of Leswalt
7. Place where Found and Examined,	Agnew Cottage Penwhirn
8. Length of time Insane,	First attack upwards of 2 years ago not so bad until lately.
9. Whether first Attack,	No it is second attack
10. Age (if known) on first Attack,	27 years of age
11. When and where previously under Examination and Treatment,	-
12. Duration of existing Attack,	About six weeks
13. Supposed Cause,	Became Insane
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,	Parish of Leswalt
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 M'Coid Tailor Penwhirn Brother and Ursa Lesbon Elizabeth and Margaret and another
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, M. M'Farlane Inspector Leswalt

DATED this Fourteenth day of January one thousand eight hundred and Sixty one

(L) Years -

* To be Signed by the Party applying.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, David Easton being a (1) Doctor of Medicine and Licentiate of the Roy. 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) Agnew Cre... Stramaer Wigton in the County separately from any other Medical Practitione... visited and personally examined (4) Agnes McCord a Lunatic and th... pauper the said Agnes McCord 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 followi... grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Her Appearance is ... conversation of a rambling unconnected kind. She is very me... thinks she has left the half of herself upon the shore. Asks her ... if she have not found her yet. Is almost constantly weeping. Threaten... injure & destroy herself. Sleeps little or none, and eat ve... little. Say... remains of herself is a mere skeleton, that they is no use... her... has against the will to destroy herself.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Above corroborates by her Sister Elizabeth McCord, & neighbours -

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert 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.*

(SIGNED) *Name and Medical Designation,* David Easton M.D.

Place of Abode, Church Street Stramaer

DATED this Thirteenth day of January One thousand eig... hundred and Sixty one.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Wm Orpill being a (1) Licentiate of the Faculty of Physicians & Sur... and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Agnes Crescent Stramaer Wigtown in the County separately from any other Medical Practitione... visited and personally examined (4) Agnes McCord a pauper and th... the said Agnes McCord 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. :—

1. Facts indicating Insanity observed by myself: (6) Though conscio... seeming present as to locality yet she still believes th... has been lost having left herself on the road & would ... to seek for herself. She is in a very despairing state exp... shaking her head resolutely both for herself & her child that she ... rather [illegible] to the world than live in her present state, yet she ... attempted to do so.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) ... Her sisters Elizabeth & Margaret both whom she ha... information to the same effect as stated above

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert 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.*

(SIGNED) *Name and Medical Designation,* Wm Orpill Surgeon

Place of Abode Stramaer

DATED this 14th day of January one thousand eig... hundred and Sixty one

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, Macduff Rhind Esquire Sheriff Substitute (1)
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) M. McFarlane Inspector of Poor of Leswalt
Certificates under the hands of David Easton M.D
and John Argill 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)
Agnes McCaid, pauper and that the said
Agnes McCaid 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 McCaid as a Patient into the (6) Crichton ~~Asylum of~~ Royal Institution 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 McCaid which accompanied the said Petition.

(SIGNED) M. Rhind Sheriff Substitute

DATED this fifteenth day of January one thousand eight hundred and sixty one

To the Superintendent of the (7) Crichton 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, or Private.
(7) Public, District, or Private.

821
Agnes McCaid
21/1/61

Petition
for
Malcolm McFarlane
Inspector of Poor of
the Parish of Lesmahagow
for
Alice Agnes McCaid
an Insane Woman in the
Christian Royal Institution
Dumfries Asylum
1861

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 or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) *Sheriff* ——— *of the* (*) *Shire* ———
of Wigtown ——— *and his Substitutes,*—

The Petition of *John McCallum, Inspector of Poor of Newton Stewart* humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that *Archibald Ireland residing in Newton Stewart* is at present in a state of Mental Derangement, and 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 Ireland* ——— to the *Southern Counties Asylum* ——— and to sanction *his* admission into the said Asylum.

(SIGNED) *John McCallum Inspector of Poor*

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

DATED this *twenty first* (†) day of *January* One thousand eight hundred and *sixty one*

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	*Archibald Ireland*
2. Sex and Age,	*Male. About 45.*
3. Married, Single, or Widowed,	*Married*
4. Condition of Life, and previous Occupation (if any),	*Formerly Sergeant Major in the Ayrshire Militia*
5. Religious Persuasion, so far as known,	*Not Known*
6. Previous Place of Abode,	*He was formerly in the Army.*
7. Place where Found and Examined,	*Newton Stewart*
8. Length of time Insane,	*About ten days ago*
9. Whether first attack,	*So far as I know*
10. Age (if known) on first Attack,	———
11. When and where previously under Examination and Treatment,	———
12. Duration of existing Attack,	*about 10 days. He has become worse within the last 3 days*
13. Supposed Cause,	*Not Known*
14. Whether subject to Epilepsy,	*Not Known*
15. Whether Suicidal,	*He is dangerous to others.*
16. Whether Dangerous to others,	*Penninghame*
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	*21 January 1861.*
18. Date of becoming Chargeable,	*Margaret Moore his wife. His own relatives not known*
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,	———
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.

(SIGNED)* *Name, John McCallum*
Inspector of Poor

DATED this *twenty first* day of *January* One thousand eight hundred and *sixty one.*

* 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.*

I, the undersigned, Charles Smith being a (1) Licentiate of the Royal College of Surgeons Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Wigtown Road of Newton Stewart in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Archibald Ireland (a pauper) residing in Newton Stewart and that the said Archibald Ireland 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)

He is in a state of great excitement and unfit 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)

(SIGNED) *Name and Medical Designation,* Charles Smith Surgeon

Place of Abode, Newton Stewart

DATED this twenty first day of January One thousand eight hundred and sixty one.

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.*

I, the undersigned, John Pearson being a (1) Member of the Royal College of Physicians Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Wigtown Road of Newton Stewart in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Archibald Ireland (a pauper) residing in Newton Stewart and that the said Archibald Ireland 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) His actions and general deportment as observed by myself

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

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

His wife and other relatives reported to me that he has been in a state of great excitement for sometime pa

(SIGNED) *Name and Medical Designation,* John Pearson M

Place of Abode, Newton Stewart

DATED this twenty first day of January One thousand eight hundred and sixty one.

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, Macduff Rhind Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) John McCallum Inspector of Poor for the Parish of Penninghame
Certificates under the hands of Charles Smith Surgeon, Newton Stewart and John Ranson 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) Archibald Ireland residing in Newton Stewart (parish) and that the said Archibald Ireland is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Archibald Ireland 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 Archibald Ireland which accompanied the said Petition.

(SIGNED) M. Rhind

DATED this twenty first day of January One thousand eight hundred and sixty one.

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.

822

Andrew Ireland

22/1/61

Petition

for removal of Archibald Ireland to Southern Counties Asylum at Dumfries

21 January 1861.

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) County of Dumfries and his Substitutes,—

The Petition of Mrs Margaret Brown residing in Buccleuch Street Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Annie F Watson my 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 Annie F Watson to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(Signed) Margaret Brown

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

Dated this Twenty sixth (*) day of January one thousand eight hundred and Sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Annie F Watson
2. Sex and Age,	Female Oct 20
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Milliner
5. Religious Persuasion, so far as known,	Established church Member
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	No 10 Buccleuch Street
8. Length of time Insane,	Three weeks
9. Whether first Attack,	First attack
10. Age (if known) on first Attack,	Oct 20
11. When and where previously under Examination and Treatment,	In Dumfries
12. Duration of existing Attack,	Three weeks
13. Supposed Cause,	Family distress
14. Whether subject to Epilepsy,	Not Epileptic
15. Whether Suicidal,	Not Suicidal
16. Whether Dangerous to others,	during excitement to do
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Mrs Spiers Sen Arthur Liverpool Was a sister also Insane
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, Margaret Brown

Dated this Twenty sixth day of January one thousand eight hundred and Sixty one

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1200.

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 Fraser Stewart, being a (1) Bachelor of the University of Edinburgh and Physician and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) No 10 Buccleuch Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Annie F Watson Asylum Dumfries and the said Annie F Watson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Great excitement of manner. Incoherent talking in an abrupt way running from one subject to another without any chain of reason.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Informed by her Aunt Mrs Brown that she has been much excited for several days. has tried to keep out of the window and it was found necessary to restrain her

(SIGNED) *Name and Medical Designation,* Hugh F. Stewart M.D.

Place of Abode, Crichton Institution

DATED this twenty sixth day of January One thousand eight hundred and sixty four 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 Dickson being a (1) graduate of the University of Edinburgh and Physician and being in actual practice as a (2) Physician 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) Miss Anne Watson and the said Miss Anne Watson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)- Great excitement - incoherent - hysterical

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7)- Struggling & desire to get away from those around her.

(SIGNED) *Name and Medical Designation,* John Dickson M.D.

Place of Abode, 20 Buccleuch Street

DATED this twenty sixth day of January one thousand eight hundred and sixty four

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. 1, hereto annexed, to the effect that Miss Anne Watson is a (1) person of unsound mind hereby further certify that the Case of the said Miss Anne Watson is One of Emergency, and I recommend the immediate removal of the said Miss Anne Watson to an Asylum accordingly.

Name, John Dickson M.D.

Place of Abode, 20 Buccleuch Street

DATED this twenty sixth day of January one thousand eight hundred and sixty one

(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 Pitcairn Trotter Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Margaret Brown residing in Buccleuch street Dumfries Certificates under the hands of Hugh Grainger Stewart and John 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) Anne F. Watson, 10 Buccleuch St Dumfries and that the said Anne F. Watson 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 Anne F. Watson as a Patient into the (6) Public Asylum of Crichton Royal Institution Dumfries and I authorise the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Anne F. Watson which accompanied the said Petition.

(SIGNED) John P. Trotter

DATED this 28th day of January one thousand eight hundred and Sixty one

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

---

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

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) County *and his Substitutes,—*

The Petition of Walter Broadfoot Parish Schoolmaster Kingarth

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Broadfoot

is at present in a state of Mental Derangement, and 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 Broadfoot to the Crichton Asylum, Dumfries and to sanction his admission into the said Asylum.

(SIGNED) Walter Broadfoot

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

DATED this twenty fourth (1) day of January one thousand eight hundred and Sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	William Broadfoot
2. Sex and Age,	Male, 27 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Assistant Teacher
5. Religious Persuasion, so far as known,	Member of the Church of Scotland
6. Previous Place of Abode,	Kingarth Schoolhouse
7. Place where Found and Examined,	Do. Do.
8. Length of time Insane,	Eighteen months
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	25 years
11. When and where previously under Examination and Treatment,	Kingarth (at home)
12. Duration of existing Attack,	Eight days
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	Not
15. Whether Suicidal,	Not
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Walter Broadfoot, Father; Kingarth Parish Schoolhouse, County of Bute No Member of his Family ever known to be or to have been Insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

(SIGNED)* *Name,* Walter Broadfoot

DATED this 24 Twenty fourth day of January one thousand eight hundred and Sixty one

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1260.

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 Coombe Maddeven M[illegible]
being a (1) Graduate of the University of Ed[illegible]
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) the Par[illegible]
School House Kingarth ——— in the County of
Bute ———
separately from any other Medical Practitioner, visited and personally examined (4) William Broadfoot
aged about Twenty One Years ——— and that
the said William Broadfoot is a (5) person of
unsound 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
of every one entertains the idea that his Parents have
become Roman Catholics. that Browns Commentary of the Bible
Browns Dictionary of the Bible & Fable Roman Catholics and
being the Cause thereto or burning Browns dictionary. Restless & unsettled
manner with mood and mind, and speech of any description he ought to see those persons
2. Other facts (if any) indicating Insanity communicated to me by others: (7)
is violent and [illegible] last week on being reasoned with
Father threatened to burn Browns Dictionary of the Bible, on being prevented
by mother would be a mental mood and actually attempted
his Parents and Sister after which being late at night he left
a distance of 10 or twelve miles

(Signed) *Name and Medical Designation,* J. C. Maddeven M.D. M.C.

Place of Abode, 59 Hyde Mid Rothesay

Dated this 22 nd day of January One thousand eight
hundred and sixty one.

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, Charles F. Macfarlane
being a (1) Graduate of the University of Glasgow
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) the Parish
School House Kingarth
in the County of
Bute ———
separately from any other Medical Practitioner, visited and personally examined (4) William Broadfoot
aged about Twenty One years ——— and that
the said William Broadfoot is a (5) person of
unsound 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) Excited manner
Cork – Laughs under the influence of [illegible] that his father and
the rest of his family have become Roman Catholics – reads
the Bible, and Brown's Commentaries on the same, must have to
[illegible] are different [illegible] than formerly –
Conversation respecting R. Catholic views
2. Other facts (if any) indicating Insanity communicated to me by others. (7)
and on Thursday last attempted to burn Brown's Com
and threatened to use a dagger, and on a state of
excitement at night left the house and came

(Signed) *Name and Medical Designation,* Charles F. Macfarlane

Place of Abode, 5 Battery Place Rothesay

Dated this 23d day of January one thousand eight
hundred and sixty —

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 William Broadfoot of Kingarth is a (1) person of unsound mind, hereby further certify that the Case of the said William Broadfoot is One of Emergency, and I recommend the immediate removal of the said William Broadfoot to an Asylum accordingly.

Name, J. C. Maddeson M.D. M.C.R.C.

Place of Abode, 54 High Street Rothesay

DATED this 24th day of January one thousand eight hundred and sixty one.

(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, Andrew Coventry Dick Sheriff Substitute of the (2) County of Bute having had produced to me, with a Petition at the instance of (3) Walter Broadfoot Parish Schoolmaster Kingarth Certificates under the hands of John Coventry Maddeson and Charles J. 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) William Broadfoot Applicant Teacher Kingarth and that the said William Broadfoot 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 Broadfoot as a Patient into the (6) Public Asylum of Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Broadfoot which accompanied the said Petition.

(SIGNED) A. C. Dick

DATED this twenty fourth day of January one thousand eight hundred and sixty one

To the Superintendent of the (7) Public *Asylum of* Dumfries *called* 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, or Private.
(7) Public, District, or Private.

823
Gen Brandyford
25/1/82

~~Glasgow Royal Asylum for Lunatics, Gartnabel.~~

23 & 24 ~~Vict., Cap. 71~~ Sect. 34.

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 (*) Sheriff *of the* (*) Shire of Renfrew and Lanark *and his Substitutes,*

The Petition of Margaret Gilmour 60 Arcade

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Lee Haskins & George Gilmour is at present in a state of Mental Derangement, and 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 Gilmour to the Crichton Royal Institution Dumfries and to sanction his admission into the said Asylum.

(SIGNED) Margaret Gilmour

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

DATED this 30 (*) day of January one thousand eight hundred and Sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	George Gilmour
2. Sex and Age,	Male, 39 years of age
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Salesman
5. Religious Persuasion, so far as known,	Episcopalian Goes to St. Kentigern
6. Previous Place of Abode,	87 South Portland St
7. Place where Found and Examined,	Lochgreen Asylum Paisley
8. Length of time Insane,	4 months
9. Whether first Attack,	3 Attack
10. Age (if known) on first Attack,	38 years of age
11. When and where previously under Examination and Treatment,	Gartnavel (Glasgow) Perth Stopford
12. Duration of existing Attack,	4 months
13. Supposed Cause,	Hereditary
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Margaret Gilmour wife of George Gilmour 87 South Portland St Glasgow Mother and Grandfather died in Inspect Asylum, his brother has for the last three years been in Stopford 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,* Margaret Gilmour

DATED this 30 day of January one thousand eight hundred and 61

[4] * 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, Robert Bryce Gilland M.D.
being a (1) a Graduate in Medicine of the Univers
(1) Glasgow
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) the Glasgow
Royal Lunatic Asylum at Gartnavel in the County
Lanark
separately from any other Medical Practitioner
visited and personally examined (4) George Kinmers at h
a patient in the Glasgow Royal Lunatic Asylum and the
and lately residing 147 South Portland Street Glasgow
the said George Kinmers is a (5) Person
of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Great maniacal excitement - sleepless
violent and threatening demeanour - D
imagines he hears the voices of his friends at his
2. Other facts (if any) indicating Insanity communicated to me by others: (7)

His attendant John Dunderdale states
he told him, that his wife had entered into
conspiracy with the Medical Men to kill

(SIGNED) *Name and Medical Designation,* Robert Bryce Gil

Place of Abode, Glasgow Royal Lunatic

DATED this Thirtieth day of January One thousand eigh
hundred and Sixty One.

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 Christie M.D.
being a (1) Graduate in Medicine of the Universi
of Glasgow
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) the Glasgo
Royal Lunatic Asylum, Gartnavel in the County o
Lanark
separately from any other Medical Practitioner
visited and personally examined (4) George Kinmers at present a
in the above named asylum and lately residing at
57 South Portland Street Glasgow and this
the said George Kinmers is a (5) person of
unsound 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 at present
Maniacally excited, and he has been in this sta
under my own observation for more than three m
He is also very suspicious and delusive imaginin
that there is a conspiracy against him to depri
him of life.
2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His attendant John Dunderdale corroborates
the above mentioned facts

(SIGNED) *Name and Medical Designation,* James Christie M.D.

Place of Abode Gartnavel Royal Lunatic Asylu

DATED this Thirtieth day of January one thousand eight
hundred and Sixty one

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 Pitcairn Potter Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Margaret Hunter
60 Arcade Glasgow
Certificates under the hands of Robert Bryce Gilland
and James Christie, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
George Hunter in Glasgow Royal Lunatic Asylum and that the said
George 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 George Hunter as a Patient into the (6) Public Asylum of Crichton Royal Institution 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 George Hunter which accompanied the said Petition.

(SIGNED) John P. Potter

DATED this First day of February one thousand eight hundred and Sixty one

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

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) Shire or County of Dumfries and his Substitutes,—

The Petition of John McLellan Insp. of Poor of the parish of Annan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Graham, Farm Labourer, at Seafield is at present in a state of Mental Derangement, and 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 Graham to the Southern Counties Asylum at Dumfries and to sanction his admission into the said Asylum.

(SIGNED) John McLellan Insp.

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

DATED this Fourth (3) day of February one thousand eight hundred and sixty one 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 Graham.
2. Sex and Age,	Male - About 45 years of age
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Farm Labourer
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Creetown
7. Place where Found and Examined,	Seafield near Annan
8. Length of time Insane,	a few days
9. Whether first Attack,	First attack - so far as known to the Petitioner
10. Age (if known) on first Attack,	About 45.
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	A few days
13. Supposed Cause,	Religious persuasions
14. Whether subject to Epilepsy,	not known
15. Whether Suicidal,	Not Suicidal
16. Whether Dangerous to others,	Dangerous if not under restraint
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Annan ad interim
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,	Ann Dickson or Geddes or Graham his (Lunatics) Wife, residing in Creetown
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 McLellan Insp.

DATED this Fourth day of February one thousand eight hundred and sixty one years.

* To be Signed by the Party applying.

Lunacy Board,—Dec.—37.—1210.

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, Wille Ewart being a (1) Licentiate of the 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) Lenfield in the House of Wille Irving Farmer in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Graham Pauper and the said James Graham 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) His General Appearance, incoherent language

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr Irving informs me that he has been threatening to shoot a Gentleman

(SIGNED) *Name and Medical Designation,* Wille Ewart, Surgeon

Place of Abode, Edinburgh Street, Annan

DATED this fourth day of February One thousand eight hundred and Eighty two

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, Hamer Stalker M.B being a (1) Graduate of the University of Edinburgh & Physician and being in actual practice as a (2) Physician 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) James Graham Farmer Servant & Pauper and the said James 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) Great Excitement and Excitability - Incoherent Language - Unable to understand Questions put to him - Violent

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7) Violent and excited during Night as stated by Attendant

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

Place of Abode, Carlisle House

DATED this fifth day of February one thousand eight hundred and Eighty two

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in case 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 James Graham is a (1) lunatic person hereby further certify that the Case of the said James Graham is One of Emergency, and I recommend the immediate removal of the said James Graham to an Asylum accordingly.

Name, William Ewart Surgeon

Place of Abode, Edamanthit Annan

DATED this fourth day of February one thousand eight hundred and fifty one

(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 Mowat Trotter, Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John McLellan, Inspector of Poor Annan Certificates under the hands of William Ewart ——— and James Gilchrist ——— , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Graham, Farm servant & pauper and that the said James 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 James Graham as a Patient into the (6) Public Asylum of Southern Counties Asylum Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Graham which accompanied the said Petition.

(SIGNED) John M. Trotter

DATED this Fifth day of February one thousand eight hundred and fifty one

To the Superintendent of the (7) Public *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, or Private.
(7) Public, District, or Private.

19/2/61 Alexander Greenlees

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

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 (*) Sheriff of the (†) ~~Shire~~ Lanark *and his Substitutes,*—

The Petition of John Jamieson & Elizabeth Greenlees

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Greenlees

is at present in a state of Mental Derangement, and 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 Greenlees to the Crichton Institution Dumfries and to sanction his admission into the said Asylum.

X her mark Elizabeth Greenlees

(SIGNED) John Jamieson

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

DATED this Fifth (*) day of February one thousand eight hundred and Sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Alexander Greenlees
2. Sex and Age,	Male — 16 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Student at Public Seminaries
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Native of Paisley — at present Boarder at Colmonell
7. Place where Found and Examined,	Colmonell
8. Length of time Insane,	two months latterly —
9. Whether first Attack,	Second
10. Age (if known) on first Attack,	15
11. When and where previously under Examination and Treatment,	Gartnavel Lunatic Asylum
12. Duration of existing Attack,	Nearly two months
13. Supposed Cause,	No exciting cause known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	not dangerous
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not a Pauper
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Mrs Matthew Greenlees Love Street, Paisley Mother of Patient — Father of Patient deceased, latterly insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

(SIGNED)* Name, John Jamieson

DATED this Fifth day of February one thousand eight hundred and Sixty one

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1200.

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 Wilson being a (1) Surgeon Licentiate 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) Guardian House Colmonell Ayr in the County of separately from any other Medical Practitioner, visited and personally examined (4) Alexander Greenlees now in said Guardian House and the said Alexander Greenlees is a (5) insane Person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) I suppose him to be an Advocate Lord of Session & Justice of the Peace, Solicitor of all the Newspapers in the County & Sole proprietor of the Great Eastern

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Chairman of Morocco Private intimated to me by Mr Jamieson and his family

(SIGNED) Name and Medical Designation, William Wilson L.F.P.S.G.

Place of Abode, Colmonell

DATED this Second day of February One thousand eight hundred and Sixty 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.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

I, the undersigned, Angus McKenna being a (1) Surgeon - Licentiate 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) Guardian House Colmonell Ayr in the County of separately from any other Medical Practitioner, visited and personally examined (4) Alexander Greenlees now in said Guardian House and the said Alex Greenlees is a (5) insane Person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He states being in London 30 years ago engaged in making out Charts - his age at present being 18 he states he has a child of at least 20 years

2. Other facts (if any) indicating Insanity communicated to me by others. (7) These & other facts made known to me in the presence of Mr Jamieson & Family in a conversation of his own duration I have no doubt of the above unsoundness

(SIGNED) Name and Medical Designation, Angus McKenna L.F.P.S.G.

Place of Abode, Ballantrae

DATED this Third day of February one thousand eight hundred and Sixty one Years

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 Anderson (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Jamieson Schoolmaster Kelmonell and Elizabeth Greenlees mother of the Lunatic Certificates under the hands of William Nelson, Kelmonell and Jeremiah M'Kenna, Ballantrae, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Greenlees Guardian Wms Robinson and that the said Alexr. Greenlees is a (5) an Insane person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Alexander Greenlees as a Patient into the (6) Crichton Asylum of Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alexander Greenlees which accompanied the said Petition.

(SIGNED) Thomas Anderson

DATED this Seventh day of February one thousand eight hundred and Seventy one

To the Superintendent of the (7)
Public Asylum of the Crichton 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, or Private.
(7) Public, District, or Private.

P225
Alexander Saunders
8/2/61

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) County of Dumfries *and his Substitutes,—*

The Petition of John Lowden

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elisabeth Stewart is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elisabeth Stewart to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) John Lowden Mayfs. Urr

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

DATED this sixteenth (3) day of February one thousand eight hundred and sixty one 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,	Elisabeth Stewart
2. Sex and Age,	female aged 24 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,	Dumfries
7. Place where Found and Examined,	Dalbeattie
8. Length of time Insane,	five 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,	
13. Supposed Cause,	Re attendance upon Revival meetings
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,	Urr
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,	Mr. Nicholl or Murray Dalbeattie
19. 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 sixteenth day of February

(SIGNED)* *Name,* John Lowden Mayfs. Urr

one thousand eight hundred and sixty one

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1200.

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 Lewis being a (1) Graduate of the University of Edin[burgh] Physician; and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Ark-ho[use] Dalbeattie in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Stewart and the said Elizabeth Stewart is a (5) person furiously insane and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) — Said She was in Heaven. then said she was in hell — said that she was only person in the world — at one time she would be in Heaven then hell — Damning & swearing religion & Hell

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her Mother says that she has been in a settled state of mind since Monday last —

(SIGNED) *Name and Medical Designation,* John Paterson Lewis

Place of Abode, Dalbeattie

DATED this 18th day of February One thousand eight hundred and sixty one

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 Mackenzie being a (1) Graduate of the Royal College of Phy[sicians] in Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Bellevue Cottage Dalbeattie in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Stewart Pauper Elizabeth Stewart and the said Elizabeth Stewart 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 attempted to kiss Mr Hammond and Mr [illegible] in the shop of Dalbeattie and poland & threw[illegible] in an excited manner towards me and then [illegible] me & the [illegible] and objects to me commonly.

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7)
Her Mother says she has been in an [illegible] state since an attack of scarlatina about ten [illegible] ago

(SIGNED) *Name and Medical Designation,* Thomas Mackenzie

Place of Abode, Bellevue Cottage

DATED this 17th day of February one thousand eight hundred and sixty one

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 Eliz abeth Stewart is a (1) person of unsound mind & hereby further certify that the Case of the said Eliz abeth Stewart is One of Emergency, and I recommend the immediate removal of the said Eliz abeth Stewart to an Asylum accordingly.

Name, Wm Peterson Lewis M.D

Place of Abode, Dalbeattie

DATED this 18th day of July one thousand eight hundred and sixty one

(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, Wm Peterson Trotter Sheriff Substitute of the (2) County of Dumfries having had produced to me with a Petition at the instance of (3) Wm Lawrie Inspector of Poor & Mr Peterson Lewis Certificates under the hands of Prof Peterson Lewis and Thomas Mackintosh, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Stewart in Dalbeattie, a pauper and that the said Elizabeth Stewart is a (5) Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Stewart as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise her Transmission to the said Asylum accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Stewart which accompanied the said Petition.

(SIGNED) Wm Trotter

DATED this Eighteenth day of February one thousand eight hundred and sixty one 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.

Elizabeth Stewart
born Feb. 1865

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) Shire of Dumfries *and his Substitutes,—*

The Petition of James McGowan

Old Cottage Monmouth

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Wife James McGowan my 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 Jane McGowan to the Dumfries Royal Infirmary and to sanction her admission into the said Asylum.

(SIGNED) James McGowan

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

DATED this 19th (3) day of February one thousand eight hundred and Eighty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Jane McGowan
2. Sex and Age,	Female 57
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Weaver occupation
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Low Burden
7. Place where Found and Examined,	Low Burden
8. Length of time Insane,	About 10 days
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	57
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	About 10 days
13. Supposed Cause,	Privation
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Mr James McGowan Old Cottage Monmouth Brother
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

(SIGNED)* *Name.* James McGowan

DATED this 19th day of February one thousand eight hundred and Eighty one

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1160.

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.*

I, the undersigned, James Hanson Wilson being a (1) Surgeon of the 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) Lockerbie in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jean McGowan residing in Lockerbie and that the said Jean McGowan is an (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.:—

(4) *Insert 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) Her hurried excited manner, her violent behaviour, and incoherent [illegible]

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

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

(SIGNED) *Name and Medical Designation,* Jas T Wilson Surgeon

Place of Abode, Lockerbie

DATED this 17th day of February One thousand eight hundred and sixty one

MEDICAL CERTIFICATE, No. II.

(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.*

I, the undersigned, Geo C Wilson being a (1) Surgeon, Lic Fac Phys & Surgeons Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Lockerbie in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jean McGowan, Resident of Lockerbie and that the said Jean McGowan is an (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.:—

(4) *Insert 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) Her peculiar insane action of the eyes, Her hallucinations — Her threatening to strike her nurse &c —

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

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

(SIGNED) *Name and Medical Designation,* Geo C Wilson Surgeon

Place of Abode, Lockerbie

DATED this 17th day of Feby one thousand eight hundred and sixty one

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 Jean McGowan is a (1) lunatic person, hereby further certify that the Case of the said Jean McGowan is One of Emergency, and I recommend the immediate removal of the said Jean McGowan to an Asylum accordingly.

Name, Ja^s Wilson

Place of Abode, Lochrubie

DATED this 17th day of February one thousand eight hundred and sixty one

(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 Pitcairn Trotter Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James McGowan, Flo Mill Monreith Certificates under the hands of James Thomson Wilson and George C Wilson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McGowan residing in Lochrubie and that the said Jane McGowan is a lunatic person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane McGowan as a Patient into the (5) Public Asylum of Crichton Royal Institution Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane McGowan which accompanied the said Petition.

(SIGNED) John P Trotter

DATED this 22d day of February one thousand eight hundred and sixty one

To the Superintendent of the (6) 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, *or* Private.
(7) Public, District, *or* Private.

865
James McGowan
19/2/61
22

Sheriff or Steward.
Clerk or Secretary.

PETITI

Unto the

of

humbly sh

Medical Ce

is at present

Asylum for

mission of

Asylu

into the mi

The date of the Petition must be within fourteen clear days of the date of the Medical Certificate.

DATED

eight hundr

If any of

1. Christian Name and Surname, length, . . .
2. Sex and Age, . . .
3. Married, Single, or Widowed,
4. Condition of Life, and previ (if any), . .
5. Religious Persuasion, so far as
6. Previous Place of Abode, .
7. Place where Found and Exam
8. Length of time Insane, .
9. Whether first attack, .
10. Age (if known) on first Attack
11. When and where previously un tion 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 Pauper) is Chargeable, .
18. Date of becoming Chargeable,
19. Christian Name and Surname, Abode of nearest known Re Patient, and degree of Re known), and whether any M Family known to be or to sane, . . .
20. Special circumstances (if any) insertion of any of the above

I certify, that, to the best of

Dated this Twenty

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) County of Wigtownshire *and his Substitutes,—*

The Petition of The Inspector Dunnigan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Dewar is at present in a state of Mental Derangement, and 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 Dewar to the Asylum at Dumfries and to sanction her admission into the said Asylum.

(SIGNED) George J. L. Scott

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

DATED this 21st (3) day of February One thousand eight hundred and Sixty One

---

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Janet Dewar
2. Sex and Age,	Female About 32
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	An ill behaved woman
5. Religious Persuasion, so far as known,	None
6. Previous Place of Abode,	Present Newton Stewart
7. Place where Found and Examined,	Newton Stewart
8. Length of time Insane,	About 4 or 5 weeks
9. Whether first attack,	Unknown
10. Age (if known) on first Attack,	Unknown
11. When and where previously under Examination and Treatment,	Is said to have been insane or pretended it when in Wigtown jail last year on a charge of child murder.
12. Duration of existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes at present
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Minnigaff
18. Date of becoming Chargeable,	Unknown
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,	
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

+ 13. Partly intentional in order to get parish relief, she is now however really insane

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

(SIGNED)* Name, George J. L. Scott

DATED this Twenty First day of February One thousand eight hundred and Sixty One

* 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.*

I, the undersigned, James More
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) Bridgeton Asylum
Newton Stewart
Wigtown
in the County of
separately from any other Medical Practitioner
visited and personally examined (4) Janet Dewar, pauper
and that
the said Janet Dewar is a (5) person of
unsound 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)
Having known Janet Dewar for some time I find her
habit character and disposition quite changed.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
being in Wigtown Prison sometime since he could
was not that of a sane person.

(SIGNED) *Name and Medical Designation,* James More M.D. &
Place of Abode, Newton Stewart

DATED this 21st day of February One thousand eigh
hundred and sixty-one.

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.*

I, the undersigned, John Pearson
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) Newton
Stewart
Wigtown
in the County of
separately from any other Medical Practitioner
visited and personally examined (4) Janet Dewar
and that
the said Janet Dewar is a (5) Person of
unsound 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)
Running about the streets in a state
of almost nudity – & like acts

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Striking & howling at persons in
cause

(SIGNED) *Name and Medical Designation,* John Pearson M.D.
Place of Abode, Newton Stewart

DATED this 21st day of Feb'y One thousand eight
hundred and sixty one

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, Alexander Wood (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) George J. C. Scott
Inspector of Poor of the Parish of Kirkmaiden
Certificates under the hands of James More M.D. (Certificate Enclosed)
and John Pearson 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)
Janet Dewar residing at Portnessock and that the said
Janet Dewar 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 Dewar as a Patient into the (6) District 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 Dewar which accompanied the said Petition.

(SIGNED) A. Wood

DATED this twenty first day of February One thousand eight hundred and sixty nine

To the Superintendent of the (7) Asylum of District 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.

Anne Dwyer
12th Feb. 1864

PET

Christian Name and Surname
length, .

Sex and Age,

Married, Single, or Widowed,

Condition of Life, and previous
(if any),

Religious Persuasion, so far as

Previous Place of Abode,

Place where Found and Examin

Length of time Insane,

Whether first Attack,

Age (if known) on first Attack,

When and where previously und
and Treatment,

Duration of existing Attack,

Supposed Cause,

Whether subject to Epilepsy,

Whether Suicidal,

Whether Dangerous to others,

Parish or Union to which the
Purpose) is Chargeable,

Relations: Name and Surname,
Abode of nearest known Rela
Patient, and degree of Rela
known), and whether any Mem
Family known to be or to ha
same,

Special circumstances (if any) pre
insertion of any of the above p

I certify, that, to the best of

Dated this 2 3rd
Sixty one

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. (1) Shire or Stewartry.

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

The Petition of Joseph Cannochan

Parish of Sanquhar humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Haining 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 Alexander Haining to the Southern Counties Asylum & and to sanction his admission into the said Asylum.

(Signed) J. Cannochan Inspector

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

Dated this 23 (3) day of February one thousand eight hundred and sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Alexander Haining
2. Sex and Age,	Male—38 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Teacher
Religious Persuasion, so far as known,	Free Church
5. Previous Place of Abode,	Rosebank
6. Place where Found and Examined,	Do — Dumfries
7. Length of time Insane,	about two weeks
8. Whether first Attack,	" Third attack
9. Age (if known) on first Attack,	" 28 years
10. When and where previously under Examination and Treatment,	" About three years ago at Asylum
11. Duration of existing Attack,	See answer to query 8th
12. Supposed Cause,	Cause unknown
13. Whether subject to Epilepsy,	No
14. Whether Suicidal,	No
15. Whether Dangerous to others,	No
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Sanquhar
Christian Name 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,	Janet Hunter or Haining Rosebank— Mother— No relation 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.

(Signed)* *Name.* J. Cannochan

Dated this 25th day of February one thousand eight hundred and Sixty one

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1240.

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.*

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians Surgeons and College of St Andrews (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 6 Pittsdale Terrace Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Alexander Hyning and

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

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

the said Alexander Hyning is a (5) Patient [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) I observed [illegible] irrelevant things he would be all night up [illegible] of the room and if he had only gone to work [illegible] was very fond of [illegible] but [illegible] matter. [illegible]

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His brother states that his whole thoughts [illegible] upon religious subjects. Quite away from home [illegible] he has [illegible] about 9 or 10 days and [illegible] not eaten [illegible]

(SIGNED) *Name and Medical Designation,* William Marshall

Place of Abode, Baccleugh Street Dumfries

DATED this 23 day of February One thousand hundred and sixty 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.*

I, the undersigned, Patrick A Greenway being a (1) Graduate of the University of Edinburgh (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 6 Pittsdale Terrace Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Alexander Hanning and

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

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

the said Alexander Hanning is a (5) Patient and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Answers questions intelligently, understands the Nature & meaning of [illegible] & answers to them [illegible] Can state that he was [illegible] & was [illegible] & was [illegible] &

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in case 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, Alexander Hanning Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Joseph Carmichael Inspector of Poor Kirkmichael Dumfrys Certificates under the hands of William Marshall and Patrick Murray, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Hanning a pauper from Kirkmichael and that the said Alexander Hanning 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 Hanning as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alexander Hanning which accompanied the said Petition.

(SIGNED) A. Hanning

DATED this 23d day of February one thousand eight hundred and sixty one

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.

Alexander Fleming
23rd Feb: 1864

828
Alexander Fleming
23/2/64

* Sheriff or Steward.
† Elder or Stewarty.

* The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

1. Christian Name and Surname in full length, .
2. Sex and Age,
3. Married, Single, or Widow
4. Condition of Life, and [illegible] [Fany].
5. Religious Persuasion, so far
6. Previous Place of Abode,
7. Place where Found and
8. Length of time Insane,
9. Whether first attack,
10. Age (if known) on first At
11. When and where previously tion 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 Pauper) is Chargeable,
18. Date of becoming Chargeable
19. Christian Name and Surname Abode of nearest known Patient, and degree of known), and whether any Family known to be or
20. Special circumstances (if any insertion of any of the above

I certify, that, to the best

Dated this

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 or Steward. (†) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (†) County *of* Dumfries *and his Substitutes.*

The Petition of Mrs Elizabeth Billing 22 Dean Terrace Edinburgh humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Horace Billing, my 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 Horace Billing to the Crichton Royal Institution Dumfries, and to sanction his admission into the said Asylum.

(SIGNATURE) Elizabeth Billing

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

DATED this 31st (*) day of January One thousand eight hundred and Sixty one (31 January 1861)

STATEMENT.

If any 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 Horace Billing
2. Sex and Age,	Male thirty three last Birth Day
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Chemist Edinburgh (Homeopathic)
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	22 Dean Terrace Edinburgh
7. Place where Found and Examined,	Edinburgh
8. Length of time Insane,	Four months or thereby at least
9. Whether first attack,	He has attacks occasionally 4 months at least
10. Age (if known) on first Attack,	thirty three last Birth Day
11. When and where previously under Examination and Treatment,	None
12. Duration of existing Attack,	a week at least, violent more
13. Supposed Cause,	Opium Eating & Inflammation
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,	Mary Billing his Wife His nearest relative is Elizabeth Billing his mother of 22 Dean Terrace Edinburgh. No member of his family known to be insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	They are all inserted

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

(SIGNATURE)* *Name,* Elizabeth Billing

DATED this 31st day of January One thousand eight hundred and Sixty one (31 Jany 1861)

* 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.*

I, the undersigned, James Mather being a (1) Member of the 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) 29 Charlotte Square Edinburgh in the County of Edinburgh separately from any other Medical Practitioner, visited and personally examined (4) William H. Billing Chemist in Edinburgh and that the said W.H. Billing is a (5) person of unsound 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) absolute want of Control as to the use of opium and strong drink. His own narrative

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The above confirmed by his own narrative, & the evidence of a friend

(SIGNED) *Name and Medical Designation,* Jas Mather Surgeon

Place of Abode, 29 Charlotte Square Edbr

DATED this 28th day of January One thousand eight hundred and Sixty One

---

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.*

I, the undersigned, James Laurie M.D. being a (1) Member of the 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) Edinburgh 22 Rankeillor Street in the County of Edinburgh separately from any other Medical Practitioner, visited and personally examined (4) William Horace Billing Chemist in Edinburgh and that the said William Horace Billing is a (5) person of unsound 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) Entire want of Control as to the use of Opium and ardent Spirits. His own statement

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The above Confirmed by his own narrative & the evidence of friends

(SIGNED) *Name and Medical Designation,* James Laurie Surgeon

Place of Abode, 22 Rankeillor Street

DATED this 31st day of January One thousand eight hundred and Sixty One

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate and the Order of the Sheriff.)

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 Delcairn Trotter, Sheriff Substitute
of the (2) County of Dumfries
having had produced to me with a Petition at the instance of (3) Mrs Elizabeth Belling
22 Dean Terrace Edinburgh
Certificates under the hands of James Miller
and James Laurie [redacted], being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 H Belling Chemist in Edinburgh and that the said
William H. Belling 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 H. Belling as a Patient into the (6) Public Asylum of Crichton Royal 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 William H. Belling which accompanied the said Petition.

(SIGNATURE) John D Trotter

DATED this 1st day of February One thousand eight hundred and ninety one

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

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

863
William Foran Billing
31/2/61

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 (2) Dumfries *of the* (2) County *and his Substitutes,—*

The Petition of Robert Glendinning, Carter, Roucan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Armstrong or Glendinning, his 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 Armstrong or Glendinning to the Southern Counties Asylum, Dumfries and to sanction her admission into the said Asylum.

(SIGNED) Robert Glendinning

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

DATED this Sixth (*) day of March one thousand eight hundred and Sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Mary Armstrong or Glendinning
2. Sex and Age,	Female – aged 28 years
3. Married, Single, or Widowed,	married.
4. Condition of Life, and previous Occupation (if any),	Daughter of Toll keeper – She assisted her father
5. Religious Persuasion, so far as known,	Robstad. Member of Established Church
6. Previous Place of Abode,	Roucan – parish of Torthorwald.
7. Place where Found and Examined,	Roucan.
8. Length of time Insane,	about a fortnight.
9. Whether first Attack,	First attack.
10. Age (if known) on first Attack,	[illegible]
11. When and where previously under Examination and Treatment,	No previous attack or examination.
12. Duration of existing Attack,	about a fortnight
13. Supposed Cause,	Religious excitement.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	There are symptoms of this.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Torthorwald.
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,	Alexander Armstrong – at Ruffles Toll Bar – near Carlyle – her father. Not known that any of the family was insane
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,* Robert Glendinning

DATED this Sixth day of March one thousand eight hundred and Sixty one.

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1100.

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, Archibald Blacklock, (1) ~~[illegible]~~ formerly a Surgeon in the Royal [illegible] and being in actual practice as a (2) Practitioner of Medicine and [illegible] hereby certify, on soul and conscience, that I have this day, at (3) Broadsteps Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Glendinning, a Pauper from Roucan in the Parish of Torthorwald and that the said Mary Glendinning is a (5) Person of unsound 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 thinks that all her friends and acquaintances are in a hopeless state regarding spiritual matters and is in a state of great excitement concerning

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

(SIGNED) *Name and Medical Designation,* Arch. Blacklock Retd Surgeon

Place of Abode, Dumfries

DATED this Sixth day of March One thousand eight hundred and Sixty one

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 Bathurie M.D. being a (1) Graduate 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) 15 Buccleuch Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Glendinning a Pauper Mary Glendinning from Torthorwald and that the said Mary Glendinning is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Great excitement and incoherency

2. Other facts (if any) indicating Insanity communicated to me by others. (7) The husband states that the [illegible] under delusions and greatly excited by ecstacy for some weeks

(SIGNED) *Name and Medical Designation,* Alex. Bathurie M.D.

Place of Abode, Dumfries

DATED this 6th day of March one thousand eight hundred and Sixty one

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 Mary Glendinning is a (1) person of unsound mind, hereby further certify that the Case of the said Mary Glendinning is One of Emergency, and I recommend the immediate removal of the said Mary Glendinning to an Asylum accordingly.

Name, Archd Blacklock late Surgeon R. N.

Place of Abode, Dumfries

DATED this Sixth day of March one thousand eight hundred and Sixty one

(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 Fitcairn Hutton (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert Glendinning Sawyer, Rowcan Certificates under the hands of Archibald Blacklock and Alexander Robertson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Armstrong or Glendinning residing at Rowcan and that the said Mary Armstrong or Glendinning 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 Armstrong or Glendinning as a Patient into the (6) Public Asylum of Dumfries Counties Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Armstrong or Glendinning which accompanied the said Petition.

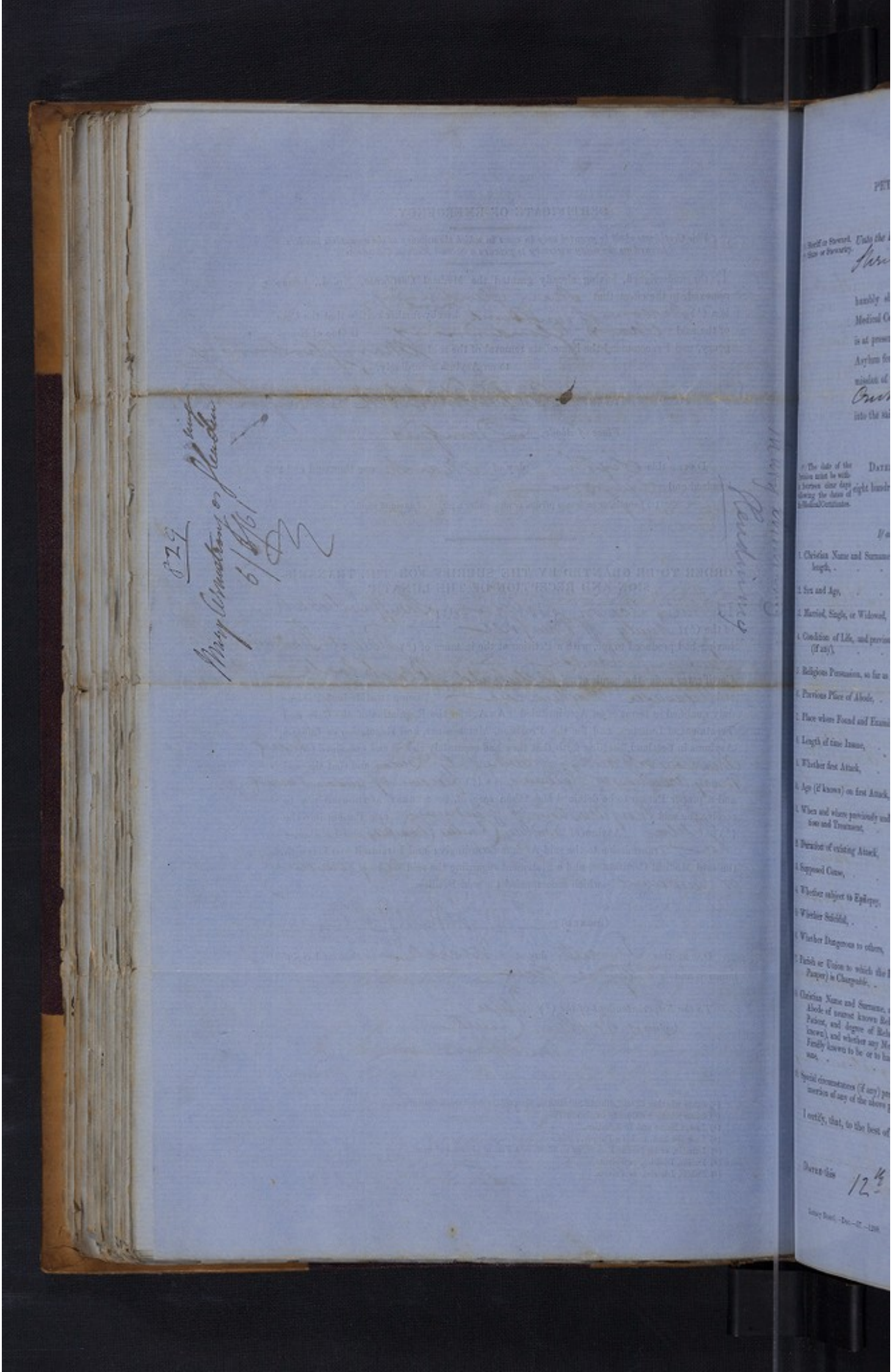
(SIGNED) John F. Hutton

DATED this Seventh day of March one thousand eight hundred and Sixty one Years

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



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) Shire of Dumfries *and his Substitutes,—*

The Petition of Robert Carruthers

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Carruthers my brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Carruthers to the Crichton R. Institution and to sanction his admission into the said Asylum.

(SIGNED) Robert Carruthers

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

DATED this 12th (*) day of March one thousand eight hundred and fifty four

STATEMENT.

If any 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 Carruthers
2. Sex and Age,	Male 27
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Draper Rob[t] Carruthers
5. Religious Persuasion, so far as known,	Independent
6. Previous Place of Abode,	Ashby de la Zouche Leicestershire
7. Place where Found and Examined,	
8. Length of time Insane,	About a year & six years
9. Whether first Attack,	Second attack
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	About a year
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Suspected Rob[t] Carruthers
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Thomas Carruthers Brother Dumfries Not any known
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,* Robert Carruthers

DATED this 12th day of March one thousand eight hundred and fifty four

* 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, John Dickson M.D.
being a (1) Member of the Royal College of Physicians
Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) the Southern
Counties Asylum Dumfries
in the County of
Dumfries
separately from any other Medical Practitioner
visited and personally examined (4) John Carruthers,
draper - Ashby de la Zouch
and the said John 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.:—

1. Facts indicating Insanity observed by myself: (6)
Excitement - Incoherence - delusions of various
character - incapacity to perceive the relation of
time - distance &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Noisy & excited during the journey - Conversation
incoherent.

(SIGNED) *Name and Medical Designation,* John Dickson M.D.

Place of Abode, 20 Buccleuch Street Dumfries

DATED this twelfth day of March One thousand eight
hundred and sixty four.

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 Skilton M.D.
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) Crichton
Royal Institution Dumfries
in the County of
Dumfries
separately from any other Medical Practitioner
visited and personally examined (4) John Carruthers
Draper
and the said John 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.:—

1. Facts indicating Insanity observed by myself: (6) He is excited
both bodily and mentally
is unable to give any account
of himself & understand his conduct

2. Other facts (if any) indicating Insanity communicated to me by others. (7)
In consequence of excitement
reported to be intoxicated
Carlisly, accosted a Brother

(SIGNED) *Name and Medical Designation,* James Skilton M.D.

Place of Abode, Crichton House Dumfries

DATED this 13th day of March one thousand eight
hundred and sixty four

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 John Carruthers is a (1) person of unsound mind hereby further certify that the Case of the said John Carruthers is One of Emergency, and I recommend the immediate removal of the said John Carruthers to an Asylum accordingly.

Name, John Dickson M.D.

Place of Abode, Dumfries.

DATED this twelfth day of March one thousand eight hundred and sixty one.

(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 Pitcairn Trotter (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert Carruthers Certificates under the hands of John Dickson M.D. and James Gilchrist 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) John Carruthers draper Ashby de la Zouch and that the said John 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 Carruthers as a Patient into the (6) Public Asylum of Crichton Royal Institution Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Carruthers which accompanied the said Petition.

(SIGNED) Wm P Trotter

DATED this thirteenth day of March one thousand eight hundred and sixty one

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

866
John Carruthers
12/8/61

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) Shire of Wigtown *and his Substitutes,—*

The Petition of Wilm Lewis Inspector of Poors

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Barbara McCarmick is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Barbara McCarmick to the Crichton Asylum and to sanction her admission into the said Asylum.

(SIGNATURE) Wilm Lewis

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

DATED this Fifth (3) day of March One thousand eight hundred and Sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Barbara McCarmick
2. Sex and Age,	Female 42 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,	Member of Free Church
6. Previous Place of Abode,	Kirkcowan
7. Place where Found and Examined,	Kirkcowan
8. Length of time Insane,	not known
9. Whether first attack,	not known
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,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcowan
18. Date of becoming Chargeable,	27th February
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,	Hugh McCarmick Father Moorbrook Kirkcowan 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.

(SIGNATURE)* *Name,* Wilm Lewis

DATED this Fifth day of March One thousand eight hundred and Sixty one

* To be signed by the Party applying.

P. 1

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Ewart Surgeon
being a (1) Member of the Royal College of Surgeons of Londo
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Redbrae
in the parish of Wigtown in the County of Wigtown
separately from any other Medical Practitioner,
visited and personally examined (4) Barbara McCormick
a pauper chargeable to the parish of Kirkinner and that
the said Barbara McCormick is a (5) person
of unsound 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 appears firmly impressed with the idea that she
is lost to salvation & that nothing can save her
She complains at times of pains in her head and
sleeps very badly

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
I am informed by her Sister that she seldom sleeps
Cries bolently & is constantly talking of the state of
her soul. Her sisters Husband makes a similar
Statement

(SIGNED) Name and Medical Designation, John Ewart M. R. C. S. London

Place of Abode, Wigtown

DATED this first day of March One thousand eight
hundred and sixty one.

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

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

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

(4) *Insert 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, Samuel Snowdon
being a (1) Graduate 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) Redbrae
in the parish of Wigtown in the County of
Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) Barbara McCormick a
pauper chargeable to the parish of Kirkinner and that
the said Barbara McCormick 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) From her conver-
which is most incoherent at some times
Her disease is Religious Mono mania

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
From her state of mind, communicated
to me by her Sister and friends

(SIGNED) Name and Medical Designation, Saml Snowdon M.

Place of Abode, Wigtown

DATED this 27th day of February One thousand eight
hundred and Sixty one

(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.*

(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 of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate and the Order of the Sheriff.)

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, Macduff Rhind, Esquire, advocate, Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) William Lewis Inspector of Poor
Certificates under the hands of John Ewart Surgeon,
and Samuel Snowdon 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)
Barbara Mc Carmick, pauper, and that the said
Barbara McCarmick is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Barbara McCarmick as a Patient into the (6) Crichton 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 Barbara Mc Carmick which accompanied the said Petition.

(SIGNATURE) M. Rhind

DATED this sixth day of March One thousand eight hundred and sixty one

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

8320
Barbara McCormick
14/8/61

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) County of Dumfries *and his Substitutes,—*

The Petition of Henry McFadzean, Inspector of Poor of Straiton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that James Hunter, a patient in the Abbey Asylum Paisley is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Hunter to the Southern Counties Asylum (Dumfries and to sanction his admission into the said Asylum.

(SIGNED) Henry McFadzean Inspector

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

DATED this Seventh (3) day of March one thousand eight hundred and sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	James Hunter
2. Sex and Age,	Male 21 years Past in January
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	an apprentice to Smith Trade
5. Religious Persuasion, so far as known,	Not Known
6. Previous Place of Abode,	Abbey Parish Asylum Paisley 7 Months
7. Place where Found and Examined,	Abbey Asylum Paisley
8. Length of time Insane,	Six years
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	Fifteen years & one month
11. When and where previously under Examination and Treatment,	Abbey Asylum
12. Duration of existing Attack,	Six years
13. Supposed Cause,	Stroke on head with a hammer
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 Straiton
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,	Marion Hunter Father Blacksmith Straiton No
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, Henry McFadzean Inspector

DATED this Seventh day of March one thousand eight hundred and sixty one

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1210.

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 Hutchison Surgeon
being a (1) Member 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) Abbey Ferry House Renfrew in the County of Renfrew separately from any other Medical Practitioner visited and personally examined (4) James Hunter and the said James Hunter 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) He has been under my charge since August last — His mind appears to be — is deaf & dumb — and quite unfit to take care of himself

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The Reports of Asylum corroborate the Statements

(SIGNED) *Name and Medical Designation,* James Hutchison Surgeon

Place of Abode, Paisley 27 Seedhill Street

DATED this fourth day of March One thousand eight hundred and Sixty one

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 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) Abbey Asylum Renfrew in the County of Renfrew separately from any other Medical Practitioner visited and personally examined (4) James Hunter and the said James Hunter 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) So deaf and dumb, mindless physiognomy —

2. Other facts (if any) indicating Insanity communicated to me by others. (7)
Am informed by Evans his keeper, that he does nothing but Bows & smiles under circumstances

(SIGNED) *Name and Medical Designation,* James Turner Donald Surgeon

Place of Abode, 5 Cross Paisley

DATED this Fourth day of March one thousand eight hundred and Sixty one

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, Wm Deseam Trotter (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Henry McKidzeam
Inspector of Poor of Stranraer
Certificates under the hands of James Hutcheson
and James Turner 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 (4)
James Hunter a pauper Lunatic and that the said
James Hunter is a (5) Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Hunter as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Hunter which accompanied the said Petition.

(SIGNED) Wm D. Trotter

DATED this Eleventh day of March one thousand eight hundred and Sixty one

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.

831.
James McCusker
16/3/81

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) Country *of* Dumfries *and his Substitutes,—*

The Petition of John Kerr, Thornhill

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Kerr my 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 Kerr ——— to the South Counties Asylum. and to sanction his admission into the said Asylum.

(SIGNED) John Kerr

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

DATED this 29th (3) day of March one thousand eight hundred and sixty one 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 Kerr
2. Sex and Age,	Age 64, male
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Liverpool
7. Place where Found and Examined,	Examined in Thornhill
8. Length of time Insane,	Ailment has been for upwards of at least two years, and not known previous to that time to have had any mental ailment.
9. Whether first Attack,	
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Was for three weeks in Brownyhill in Liverpool about two years ago, but was not then certified Insane.
12. Duration of existing Attack,	At least two years.
13. Supposed Cause,	Unable to assign a 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,	not a pauper
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	John Kerr resides in Thornhill is his only rel. no Relatives known to have been insane.
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 Kerr

DATED this 29 day of March one thousand eight hundred and sixty one

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1260.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Andrew Crichton Chalmers being a (1) Doctor of Medicine of Edinburgh University & 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) Thornhill in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Kerr, Labourer in Thornhill and the said John Kerr 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) Unwillingness to converse being a confirmed Melancholic, refusing both food & drink

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife & Son confirm the above & state that he attempted to destroy his own life two days ago

(Signed) *Name and Medical Designation,* A. C. Chalmers M.D.

Place of Abode, Thornhill

Dated this 29th day of March One thousand eight hundred and sixty one.

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 Boyle Grierson being a (1) Licentiate of the Royal College of Surgeons and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Thornhill in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Kerr Labourer in Thornhill and the said John Kerr is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Indifference to the world, weary of life, destroyed but cannot tell why, forgetful, unable to take care of protect himself. [redacted]

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7) Informed by his son that he attempted suicide by hanging this week. That his present mental condition is the progressive progress of a state that has existed for the last two years.

(Signed) *Name and Medical Designation,* W. B. Grierson, Surgeon

Place of Abode, Thornhill

Dated this 29th day of March one thousand eight hundred and sixty one.

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in case 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. II. hereto annexed, to the effect that John Kerr is a (1) person of unsound mind hereby further certify that the Case of the said John Kerr is One of Emergency, and I recommend the immediate removal of the said John Kerr to an Asylum accordingly.

Name, W Grierson

Place of Abode, Thornhill

DATED this 29th day of March one thousand eight hundred and sixty one

(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, Alexander Hannay — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Kerr residing in Thornhill Certificates under the hands of Andrew Crichton Chalmers and Thomas Lyle Grierson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Labourer in Thornhill and that the said John Kerr is a (5) Lunatic & 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, Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Kerr which accompanied the said Petition.

(SIGNED) Alex Hannay

DATED this 30th day of March one thousand eight hundred and sixty one 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.

8332
Shaw Ann
29/8/61

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

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 (*) Sheriff *of the* (*) Shire of Dumfries *and his Substitutes,—*

The Petition of Mr James Gordon

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mr David Hornel is at present in a state of Mental Derangement, and 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 Hornel to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(SIGNED) James Gordon

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

DATED this 1st (*) day of April one thousand eight hundred and Sixty one.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	David Hornel.
2. Sex and Age,	52.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Merchant.
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Kirkcudbright.
7. Place where Found and Examined,	20 Buccleuch Street Dumfries
8. Length of time Insane,	3 months.
9. Whether first Attack,	Third attack.
10. Age (if known) on first Attack,	30 years.
11. When and where previously under Examination and Treatment,	This State Asylum
12. Duration of existing Attack,	3 months.
13. Supposed Cause,	Anxiety. Loss
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Brother of the Patient lives in Dumfries 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 James Gordon

DATED this ~~14th~~ 1st day of ~~August~~ April one thousand eight hundred and Sixty one.

* To be Signed by the Party applying.

J. G.

Lunacy Regn. Dmf.—37.—1500.

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 Dickson, Member of the Ro[yal] College of Physicians Edinburgh being a (1)

and being in actual practice as a (2) Physician

hereby certify, on soul and conscience, that I have this day, at (3) 20 Buccleuch Dumfries Dumfries. in the County separately from any other Medical Practitioner visited and personally examined (4) Mr David Hornel, Merch[ant] resident at Kirkcudbright and the said David Hornel is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Great depression and nervousness. Confesses occasional want of confidence in himself to resist the tendency to suicide. Inability to sleep. Gloomy thoughts.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Previously in the same condition. Above facts confirmed by consin.

(SIGNED) *Name and Medical Designation,* John Dickson M[D]

Place of Abode, 20 Buccleuch Street

DATED this first day of April One thousand eight hundred and [illegible].

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 Gelchrist M.D Graduate of the University Edinburgh being a (1) Physician and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Creighton Mouse Dumfries Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Mr David Hornel Merchant resident at Kirkcudbright and the said Mr David Hornel is a (5) Person of unsound 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) Is expending depressed and nervous and feels a strong determination to suicide.

2. Other facts (if any) indicating Insanity communicated to me by others. (7) His attendant affirms that he has not slept for many nights and is restless and nervous.

(SIGNED) *Name and Medical Designation,* James Gelchrist M[D]

Place of Abode, Creighton House Dum[fries]

DATED this 16th day of March one thousand eight hundred and eighty four.

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 David Hornel is a (1) person of unsound mind hereby further certify that the Case of the said David Hornel is One of Emergency, and I recommend the immediate removal of the said David Hornel to an Asylum accordingly.

Name, John Dickson

Place of Abode, 20 Buccleuch Street.

DATED this first day of April one thousand eight hundred and sixty one

(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, Alexander Hannay (1) Sheriff Substitute of the (2) County of Kirkcudbright having had produced to me, with a Petition at the instance of (3) James Gordon residing in Kirkcudbright Certificates under the hands of John Dickson and James Gilchrist, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Hornel Merchant in Kirkcudbright and that the said David Hornel 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 Hornel as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David Hornel which accompanied the said Petition.

(SIGNED) Alex Hannay

DATED this Second day of April one thousand eight hundred and Sixty one years.

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

Brussels 27 February 18[illegible]

Referred to in deposition of James Gilbert
M.D. of this date James Gilbert M.D.
Thos Sadler
D.B. Carroll

3/
86
David Connolly
1461

Belfast Lunatic Asylum
Admission & Discharge Book
of Criminal Lunatics

18 April 1861

50

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) County of Dumfries *and his Substitutes,—*

The Petition of John Dinwoodie, Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Gordon is at present in a state of Mental Derangement, and 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 Gordon to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) John Dinwoodie

(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 April One thousand eight hundred and Sixtyone

STATEMENT.

If any 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 Gordon
2. Sex and Age,	Male — 45 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Pedr — Basketmaker
5. Religious Persuasion, so far as known,	U. Presbyterian
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	Nearly a fortnight
9. Whether first attack,	Second Attack
10. Age (if known) on first Attack,	about 44 years
11. When and where previously under Examination and Treatment,	Dumfries & Southern C. Asylum
12. Duration of existing Attack,	About a fortnight
13. Supposed Cause,	No Accountable Cause
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	~~No~~ Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
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,	Not Known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Not Known

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

(SIGNED)* *Name,* John Dinwoodie Inspector

DATED this Sixth day of April One thousand eight hundred and Sixtyone

* 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, William Marshall
being a (1) Graduate of the Faculty of Physicians and Surgeons
Glasgow and College of Physicians Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Police Office
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Thomas Gordon and that
the said Thomas Gordon 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) talks incoherently
takes great delight in his own vocal powers &c
wanders about the town and County by day &
tells me that he crossed the Solway from, while at
2. Other facts (if any) indicating Insanity communicated to me by others: (7)
On yesterday last that one of them said he
at any distance of yards, as he believes to
referred to

(SIGNED) *Name and Medical Designation,* } Wm Marshall M.D.

Place of Abode, Buccleuch Street Dumfries

DATED this 6th day of April One thousand eight
hundred and sixty 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.

(6) *State the facts.*

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

I, the undersigned, Patrick Heron
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) Police Office
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Thomas Gordon and that
the said Thomas Gordon 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) Answers questions
incoherently, states that his wife attempted
poison him also that Mr John Shaw has
~~that~~ possessed what he considered a morality, could
~~of~~ ~~causing~~ animals as human beings &c
2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
For the last two days he has been making
about & shouting annoying people at times
gesticulating violently

(SIGNED) *Name and Medical Designation,* } P Heron M.D.

Place of Abode, Dumfries

DATED this 6th day of April One thousand eight
hundred and 61

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 Pelcarn Trotter Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Dick Woodis Inspector of Poor Dumfries Certificates under the hands of William Marshall M.D and Patrick Murray 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) Thomas Gordon a Basketmaker in Dumfries a pauper and that the said Thomas Gordon 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 Thomas Gordon as a Patient into the (6) Public Asylum of Southern Counties 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 Thomas Gordon which accompanied the said Petition. Gordon delete.

(SIGNED) John P. Trotter

DATED this 6th day of April One thousand eight hundred and sixty one

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

(2) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(3) State whether a County or Stewartry.
(4) Insert Name and Designation.
(5) 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.

833
Monmouthshire
6/4/61

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) Shire *of* Dumfries *and his Substitutes,—*

The Petition of William Graham farmer Moral, Middlebie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Graham my 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 Sarah Graham to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) William Graham

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

DATED this Tenth (3) day of April one thousand eight hundred and Sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Sarah Graham
2. Sex and Age,	Female. Age 41 Years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Employed in farm service
5. Religious Persuasion, so far as known,	Member of the Church of Scotland.
6. Previous Place of Abode,	Morals Parish of Middlebie.
7. Place where Found and Examined,	Morals
8. Length of time Insane,	Ten weeks
9. Whether first Attack,	First Attack
10. Age (if known) on first Attack,	41 Years.
11. When and where previously under Examination and Treatment,	Never
12. Duration of existing Attack,	Ten weeks
13. Supposed Cause,	Religious Excitement
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	William Graham, Morals, Parish of Middlebie — Brother of the Patient. No member of the Family was known to be insane.
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,* William Graham

DATED this Tenth day of April one thousand eight hundred and Sixty one

* To be Signed by the Party applying.

Lunacy Board,—Dec.—37.—1246.

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 Rae Anderson M.D. Glasgow University & Licen. of the Faculty of Physicians and Surgs being a (1) General Practitioner and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Morals Farm Parish of Middlebie in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Sarah Graham Morals and the said Sarah Graham is a (5) Insane Person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Her reasoning faculty is almost lost. Her ideas are very absurd and ill under control. She sometimes mistakes the time of the day (without some prompting) she is timid. Her appearance is somewhat neglected, and she talks of getting quit of her child to hunger

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

(SIGNED) *Name and Medical Designation,* James Rae Anderson

Place of Abode, Wakefield

DATED this eighth day of April One thousand eight hundred and sixty one

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, Agnew Black Boyle, being a (1) Member of the University of Edinburgh, 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) My house Maidpark Annan in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Sarah Graham of Morals, Parish of Middlebie and the said Sarah 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.:—

1. Facts indicating Insanity observed by myself: (6)

Almost Complete loss of memory. reasoning faculty — nearly a state of Dement

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

Her brother Mr Graham, Miss Mary Irving } Incoherent in conversation. Has threatened { to commit suicide. sometimes ago talked a deal about religious matters.

(SIGNED) *Name and Medical Designation,* Agnew B. Boyle M.D.

Place of Abode, Maidpark Annan

DATED this Ninth day of April one thousand eight hundred and sixty one.

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in case 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, Mark Napier Sheriff
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Graham of Morrdle
Certificates under the hands of James Mac anderson
and Agnew Black Bogie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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 Graham of Morrals, Middlebie and that the said Sarah 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 Sarah Graham as a Patient into the (6) Public Asylum of Southern Counties Asylum Dumfries, and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Sarah Graham which accompanied the said Petition.

(SIGNED) Mark Napier

DATED this 9th day of April one thousand eight hundred and Sixty one

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.

8334

Sarah Graham

9th Apr: 1861

5/per

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) County of Dumfries and his Substitutes—

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Laurie is at present in a state of Mental Derangement, and 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 Laurie to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) John Dinwoodie, Inspector

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

DATED this Tenth (3) day of April One thousand eight hundred and Sixtyone

---

STATEMENT.

If any 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 Laurie
2. Sex and Age,	Male – 56 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 – Established Church of Scotland
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	Not Accurately Known
9. Whether first attack,	No –
10. Age (if known) on first Attack,	About 50 years
11. When and where previously under Examination and Treatment,	Dumfries & formerly S. C. Asylum
12. Duration of existing Attack,	Has been weak minded for a long time
13. Supposed Cause,	Aggravation of the Malady caused by a fall
14. Whether subject to Epilepsy,	No –
15. Whether Suicidal,	No
16. Whether Dangerous to others,	He threatens danger Sometimes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	9th April 1861
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,	Not Known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Not Accurately Known

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

(SIGNED)* Name, John Dinwoodie, Inspector

DATED this Tenth day of April One thousand eight hundred and Sixtyone

* 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, Patrick L. Gunn
being a (1) Graduate of the University of Edin
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 32 St Mich
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) William Laurie and that
the said William Laurie is a (5) Person of
unsound 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) Answers questions incoherently, and does not appear to understand the simplest question put to him, States, by order of God Jesus Christ that he is his God and that Mary Queen of Scots is dead. That if he does not keep himself
2. Other facts (if any) indicating Insanity communicated to me by others: (7) Has constantly [illegible] in house, and using obscene language, has attempted to commit suicide

(SIGNED) *Name and Medical Designation,* P Gunn M D

Place of Abode, Dumfries

DATED this 9th day of April One thousand eight hundred and 61

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, Wm Marshall
being a (1) Graduate of the Faculty of Physicians
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) St Michael St
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) William Laurie and that
the said William Laurie 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) Talks incoherently, Sings incoherently particularly of his own doings. Imagines Mary Queen of Scots is coming to Reign over Scotland. That he has been in Great Favour and that he has had an Audience with
2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Becomes at times violent and has been known to threaten to cut his Daughters throat &c

(SIGNED) *Name and Medical Designation,* Wm Marshall M D

Place of Abode, Beechgrove Hill Dumfries

DATED this 9th day of April One thousand eight hundred and Sixty one Years

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 Pilcairn Trotter (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Henwood
Inspector of Poor of the Parish of Dumfries
Certificates under the hands of Patrick Murray
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)
William Laurie a pauper residing in Dumfries and that the said
William Laurie 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 William Laurie 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 William Laurie which accompanied the said Petition.

(SIGNED) John P. Trotter

DATED this Tenth day of April One thousand eight hundred and Sixty one 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.

835

William Laurie

10th Apr: 1861

2/6 p.

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) County of Dumfries *and his Substitutes,—*

The Petition of Geo. Osborne

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Paterson is at present in a state of Mental Derangement, and 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 Paterson to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) Geo. Osborne.

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

DATED this eleventh (3) day of April one thousand eight hundred and Sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Isabella Paterson
2. Sex and Age,	Female
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Free Church
6. Previous Place of Abode,	Garnqad Asylum Glasgow
7. Place where Found and Examined,	Garnqad Asylum, Lanarkshire
8. Length of time Insane,	In May 1860
9. Whether first Attack,	First Attack
10. Age (if known) on first Attack,	Nineteen
11. When and where previously under Examination and Treatment,	Garnqad Asylum
12. Duration of existing Attack,	Since May 1860.
13. Supposed Cause,	Religious Revival Meeting
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,	Lanarkshire
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,	William Paterson - Elder - Brother Woulkethead by Leadhills No member of family known to be insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

(SIGNED)* *Name* Geo. Osborne

DATED this eleventh day of April one thousand eight hundred and Sixty one

* 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, Robert Forsyth Doctor of Medicine being a (1) Graduate of the University of Glasgow and being in actual practice as a (2) General Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) High Street Sanquhar in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Isabella Paterson of Glasgow a Pauper and the said Isabella Paterson is a (5) Lunatic and 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)
Depression of spirits and has occasional Suicidal tendencies especially before and during the period of Menstruation

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Has been attending several meetings in Glasgow and has an idea that her soul is in jeopardy & Generally information derived from George Cobarn Inspector of Police Sanquhar

(SIGNED) *Name and Medical Designation,* Robert Forsyth Doctor of Medicine Sanquhar

Place of Abode, Sanquhar

DATED this eleventh day of April One thousand eight hundred and sixty one

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 Kay Surgeon being a (1) Licentiate of the Faculty of Physicians and Surgeons Glasgow and being in actual practice as a (2) Surgeon in Sanquhar hereby certify, on soul and conscience, that I have this day, at (3) High Street Sanquhar in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Isabella Paterson a Glasgow a Pauper and the said Isabella 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.:—

1. Facts indicating Insanity observed by myself: (6) She is Melancholy about her religious state has an idea that she is lost and incapable to commit Suicide Separated from the person of the Band

2. Other facts (if any) indicating Insanity communicated to me by others. (7)
Facts similar to those observed myself communicated to by Dr Robert Forsyth Sanquhar Glasgow through Mr Inspector Cobarn Sanquhar

(SIGNED) *Name and Medical Designation,* Wm Kay Surgeon

Place of Abode, Sanquhar

DATED this eleventh day of April one thousand eight hundred and sixty one

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in case 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 Isabella Paterson is a (1) person of unsound mind hereby further certify that the Case of the said Isabella Paterson is One of Emergency, and I recommend the immediate removal of the said Isabella Paterson to an Asylum accordingly.

Name, John Dickson M.D.

Place of Abode, Buccleuch Street Dumfries.

DATED this eleventh day of April one thousand eight hundred and sixty one.

(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 Pitcairn Trotter — (2) Sheriff Substitute — of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (4) George Devorne Inspector of Poor Sanquhar Certificates under the hands of Robert Forsyth M.D. & William Kay Surgeon Leyton ~~and John Dickson 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 (5) Isabella Patterson of Glasgow a pauper and that the said Isabella Patterson is a Lunatic 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 Isabella Patterson as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise (7) Her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Paterson which accompanied the said Petition. ~~Steward and Clerk~~

(SIGNED) John P. Trotter

DATED this Twelfth day of April one thousand eight hundred and sixty one

To the Superintendent of the (8) Public *Asylum of* Southern Counties Dumfries

---

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

Arabella Patterson
11th April 1894

(†) Sheriff or Steward.
(‡) Clerk or Secretary.

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

1. Christian Name and Surname in full length,
2. Sex and Age,
3. Married, Single, or Widow
4. Condition of Life, and pre (if any),
5. Religious Persuasion, so far
6. Previous Place of Abode,
7. Place where Found and Ex
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Att
11. When and where previously tion and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy
15. Whether Suicidal,
16. Whether Dangerous to other
17. Parish or Union to which t Pauper) is Chargeable,
18. Christian Name and Surnam Abode of nearest Kinsman Patient, and degree of R known), and whether any Finally known to be or t sane,
19. Special circumstances (if any) ascertainment of any of the abo

I certify, that, to the best

Dated this Sixteen

Lunacy Board.—Form 27.—1890

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) Shire of Dumfries *and his Substitutes,*—

The Petition of Joseph Welsh, Inspector of Poor Ingoues,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Dobbie is at present in a state of Mental Derangement, and 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 Dobbie to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) Joseph Welsh Inspector of Poor Ingoues

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

DATED this Sixteenth (3) day of April one thousand eight hundred and Sixty one 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,	Janet Dobbie
2. Sex and Age,	Female 61 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	was a Farm Servant
5. Religious Persuasion, so far as known,	a U P
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	Occasionally
9. Whether first Attack,	a number of Years ago
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	by the Late Drs Brunsicle & Christison
12. Duration of existing Attack,	For a few weeks
13. Supposed Cause,	Excitement from the death of a relation & Religion
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No further than with the Tongue
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Ingoues
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,	Agnes Shortis Servant Shoemaker Dumfries & Dumfries
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

(SIGNED)* *Name,* Joseph Welsh Inspector of Poor

DATED this Sixteenth day of April one thousand eight hundred and Sixty one

* 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.*

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians Surgeons Glasgow and College of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Dobie's Close Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Dobie

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

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

and that the said Janet Dobie 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) Talks incoherently Utters Deny Absurd language to any person who speaks to her Presume Thinks that all Dobie are by agents but that the Great Physician will defend Person &c. Acts & Talks incoherently about affairs

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

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

Much the same as above

(SIGNED) *Name and Medical Designation,* Wm Marshall M.D

Place of Abode, Barclayfield Street Dumfries

DATED this 16th day of March One thousand eight hundred and Sixty 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.*

I, the undersigned, Patrick Heron being a (1) Graduate of the University of Edin Physician and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) 18 Englis Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Dobie.

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

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

and that the said Janet Dobie 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) Believes her Relations Answer to any question Refuses Suspicion Thinks Persons Plotting Poisoning Persons &c that the Police are about the House Persons Poisoning the Meat Refuses

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

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

Information Received from the people in the House with her, and my own observation

(SIGNED) *Name and Medical Designation,* P Heron M.D

Place of Abode, Dumfries

DATED this 15th day of April one thousand eight hundred and 61

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 Pitcairn Trotter Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Joseph Welsh
Inspector of Poor Rogues, Kirkcudbright,
Certificates under the hands of William Marshall
and Patrick Murray, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Dobie residing in Dumfries a pauper and that the said
Janet Dobie is a (5) Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Dobie as a Patient into the
(6) Public Asylum of Southern Counties Dumfries and I authorise
her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet
Dobie which accompanied the said Petition.

(SIGNED) John P. Trotter

DATED this 16th day of April one thousand eight hundred and Sixty one

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.

237
Janet Dobbie
16th April 1864

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) Shire of Dumfries *and his Substitutes.*

The Petition of James Hyslop Smith Kirkmichael

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Susan Petrie Smith is at present in a state of Mental Derangement, and 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 Petrie Smith to the Southern Counties Asylum &c and to sanction his admission into the said Asylum.

(Signed) J. Hyslop Smith

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

Dated this seventeenth (3) day of April one thousand eight hundred and sixty one.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Susan Petrie Smith
2. Sex and Age,	Female about 28 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Domestic Servant wife of a Ploughman Calakhouse Church
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	
7. Place where Found and Examined,	Bush Kirkmichael
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,	Revival Terrorism,
14. Whether subject to Epilepsy,	has had two Fits
15. Whether Suicidal,	—
16. Whether Dangerous to others,	—
17. Parish or ~~Union~~ to which the Lunatic (if a Pauper) is Chargeable,	Kirkmichael
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	John Smith - Husband - Bush Kirkmichael - and Jenny Petrie her Mother Brownhill Dr.
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,* J. Hyslop

Dated this 16th day of April 1861 one thousand eight hundred and

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1200.

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.*

I, the undersigned, William Scott
being a (1) Graduate of the University of Edinb
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Lake,
in the County
separately from any other Medical Practitione
visited and personally examined (4) Susan Petrie or Smith
and th
the said Susan Petrie or Smith is a (5) Lunatic
and a proper Person to be detain
under Care and Treatment, and that I have formed this opinion upon the follow
grounds, viz.:—

(4) *Insert 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 quit
incoherent, says she is the Mother of the Sa

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mr Kirkpatrick her Master States that
has been incoherent for several day
abstains from food &c.

(SIGNED) *Name and Medical Designation,* William Scott M

Place of Abode, Inverfarigaig

DATED this 13 day of April One thousand ei
hundred and 61

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.*

I, the undersigned, John Dickson
being a (1) Graduate of the University of Edinburg
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Lake H
Inverfarigaig
Bunfries
in the County
separately from any other Medical Practitione
visited and personally examined (4) Susan Petrie or Smith
and t
the said Susan Petrie or Smith is a (5) Lunati
and a proper Person to be detai
under Care and Treatment, and that I have formed this opinion upon the follow
grounds, viz.:—

(4) *Insert 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) -
Extreme excitement - Incoherence - delusions
various kinds

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7)
Has been in the condition indicated above
four days - almost totally abstaining from fo

(SIGNED) *Name and Medical Designation,* John Dickson M
Place of Abode, 20 Buccleuch Stree

DATED this 16th day of April one thousand ei
hundred and sixty one.

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 P. Priddle — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Agnes Hyslop Inspector of Poor of Kirkmichael Certificates under the hands of William Scott Esq. M. D — and John Dickson Esq 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) Susan Petrie Smith - Dumfries and that the said Susan Petrie Smith is a (5) Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Susan Petrie Smith as a Patient into the Dumfries Co. Asylum of Dumfries — and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Susan Petrie Smith which accompanied the said Petition.

(SIGNED) John P. Priddle

DATED this Sixteenth day of April one thousand eight hundred and sixty one years

To the Superintendent of the (7) Public Southern Co. *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.

Clonmel Union
1st April 1851

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 or Steward. (*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) County of Dumfries and his Substitutes—

The Petition of John Dinwoodie, Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Reid or Ellis is at present in a state of Mental Derangement, and 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 Reid or Ellis to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(Signed) John Dinwoodie, Inspector

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

Dated this Eighteenth (*) day of April One thousand eight hundred and Sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Sarah Reid or Ellis
2. Sex and Age,	Female – 24 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,	Established Church of Scotland
6. Previous Place of Abode,	Castle Douglas
7. Place where Found and Examined,	My Knowel. Dumfries
8. Length of time Insane,	Since Thursday last
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	24 years
11. When and where previously under Examination and Treatment,	Castle Douglas
12. Duration of existing Attack,	Since Thursday last
13. Supposed Cause,	Scarlet fever
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 Meantime
18. Date of becoming Chargeable,	17th April 1861
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.

(Signed)* Name, John Dinwoodie, Inspector

Dated this Eighteenth day of April One thousand eight hundred and Sixty one

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians Surgeons Glasgow and College of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Post House Gaptown Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Sarah Reid Ellis and that the said Sarah Reid Ellis 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) Talks incoherently Dashes Meals, gets excited Does not Rec... upon Has had from any other person Never ceases talking in a wild and incoherent...

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Friends Cannot state anything about her but what is mentioned above

(SIGNED) Name and Medical Designation, W Marshall

Place of Abode, Buccleuch Street Dumfries

DATED this 18th day of June One thousand eight hundred and Sixty-three 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, Patrick Duncan 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) Post House Gaptown Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Sarah Ellis and that the said Sarah Ellis 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) Cannot endure any question that be addressed to her about that she has been drunk 20 years that she had a Child ten years ago which died by do; does not know any of her friends

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She is always wandering up and down house, does not to me gives me any thing else can get from the Police

(SIGNED) Name and Medical Designation, P Duncan M.D.

Place of Abode, Dumfries

DATED this 18th day of April One thousand eight hundred and 63

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

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

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

(4) *Insert 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 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 Ritchie Fowler Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dinwoodie
Inspector of Poor of the parish of Dumfries
Certificates under the hands of William Macleod
and Patrick Murray, being two Medical Persons
duly qualified in terms of an Act intituled "An Act for the Regulation of the Care and Treatment 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 Reid or Ellis a pauper of the parish of Dumfries and that the said Sarah Reid or Ellis is a (5) Lunatic

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

(SIGNED) John R Fowler

DATED this Eighteenth day of April One thousand eight hundred and sixty one

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

(2) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(3) State whether a County or Stewartry.
(4) Insert Name and Designation.
(5) Describe him, and if a Pauper, state so.
(6) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(7) Public, District, or Private.
(8) Public, District, or Private.

839

Sarah Reid or Ellis

18th April 1861

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) Shire of Dumfries *and his Substitutes,—*

The Petition of John White residing at Gritton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Catherine White my 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 White to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) John White

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

DATED this Twentieth (3) day of April one thousand eight hundred and sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Catherine White
2. Sex and Age,	Female - 21 —
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Established Church Scotland
6. Previous Place of Abode,	Sarmehall Annandale
7. Place where Found and Examined,	Gritton in Holywood and Dumfries
8. Length of time Insane,	About a month
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,	About a month
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. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	John White residing at Gritton Patients Father - None known to have been Insane
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 White

DATED this Twentieth day of April one thousand eight hundred and sixty one

* 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.*

I, the undersigned, Alexander Bethune M. D. L.
being a (1) Graduate 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) 15 Queen Street Dumfries
in the County of Dumfries
separately from any other Medical Practitioner visited and personally examined (4) Catherine White, Lunatic
Gaiton Cottage Holywood and the said Catherine White is a (5) Lunatic
and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is violent excited incoherent and under delusion

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Father states that she is violent, under delusions, sleepless and refuses food

(SIGNED) *Name and Medical Designation,* Alex Bethune M.

Place of Abode, Dumfries

DATED this 20th day of April One thousand eight hundred and 61

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.*

I, the undersigned, William Scott M.D.
being a (1) Graduate of the University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Dumfries
in the County of Dumfries
separately from any other Medical Practitioner visited and personally examined (4) Catherine White,
and the said Catherine White is a (5) Lunatic
and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is very excited and incoherent and under delusion as to being in Hell

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Father says she has delusion as to being married

(SIGNED) *Name and Medical Designation,* William Scott M.D.

Place of Abode, Dumfries

DATED this 20th day of April one thousand eight hundred and 61

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 Pitcairn Trotter Sheriff Substitute of the (2) County of Dumfries having had produced to me with a Petition at the instance of (3) John White residing at Sprinkton Certificates under the hands of Alexander Borthwick and William Scott, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined Catherine White residing at Sprinkton and that the said Catherine White is a (4) Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Catherine White as a Patient into the (5) Public Asylum of Southern Counties Dumfries and I authorise the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Catherine White which accompanied the said Petition.

(SIGNED) John P. Trotter

DATED this 20th day of April one thousand eight hundred and sixty one

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.

040

Cathrine White

20th April 1861

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) County of Dumfries and his Substitutes,—

The Petition of George Osborne

humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that James Aitken is at present in a state of Mental Derangement, and 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 Aitken to the Southern Counties Asylum, Dumfries and to sanction his admission into the said Asylum.

(SIGNED) Geo. Osborne, Inspecting Com.

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

DATED this twentieth (1) day of April one thousand eight hundred and Sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	James Aitken
2. Sex and Age,	Male
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Humble. Railway Labourer
5. Religious Persuasion, so far as known,	Free Church
6. Previous Place of Abode,	Mennock Bridge, Sanquhar
7. Place where Found and Examined,	Found in Ayr & Examined in Sanquhar
8. Length of time Insane,	About a Week
9. Whether first Attack,	No
10. Age (if known) on first Attack,	Forty two years
11. When and where previously under Examination and Treatment,	Was in the Southern Counties Asylum in 1853 and 1854.
12. Duration of existing Attack,	Fully Six Months
13. Supposed Cause,	Excitement occasioned by Religious Revival Services
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Sanquhar
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,	Janet Aitken, Mennock Bridge Sanquhar. His Mother - No -
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

(SIGNED)* Name, Geo. Osborne

DATED this twentieth day of April one thousand eight hundred and Sixty one.

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1200.

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.*

I, the undersigned, William Kay Surgeon being a (1) Incentiate 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) Mr Nivison's Newtown of Sanquhar in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Aitken, Mennock Sanquhar a pauper and the said James Aitken 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.:—

(4) *Insert 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) Wanders from house stating that he is one of the Redeemed has a mission from Heaven to convert people to the Saviour and for that purpose has left his employment

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) left his home 3 days ago, wandered as far as the Hills Dalmellington where he was taken into Custody by the Police and was this night brought here under restraint by Police and others

(SIGNED) *Name and Medical Designation,* William Kay, Surgeon

Place of Abode, Sanquhar

DATED this nineteenth day of April One thousand eight hundred and sixty one.

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.*

I, the undersigned, Alexander Anthole M. [illegible] being a (1) graduate 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 Railway Station Dumfries in the County separately from any other Medical Practitioner, visited and personally examined (4) James Aitken a Pauper from Sanquhar and the said James Aitken 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.:—

(4) *Insert 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) Patients states that he is under delusions or religious matter and feels that he requires restraint

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Keeper of House from which patient states that he has been wandering about the Country addressing religious meetings

(SIGNED) *Name and Medical Designation,* Alex Anthole M.

Place of Abode, Dumfries

DATED this 20th day of April one thousand eight hundred and 61

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 James Aitken a pauper is a (1) an Insane person hereby further certify that the Case of the said James Aitken is One of Emergency, and I recommend the immediate removal of the said James Aitken to an Asylum accordingly.

Name, Wm Kay Surgeon

Place of Abode, Sanquhar

DATED this Nineteenth day of April one thousand eight hundred and Sixty One.

(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 Pelcairn Grotter (1) Sheriff Substitute of the (2) of the County of Dumfries having had produced to me, with a Petition at the instance of (3) George Osborne Inspector of Poor Sanquhar Certificates under the hands of William Kay and Alexander Borthwick, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (James Aitken, Railway Labourer, Glencrosh, Sanquhar, a Pauper, and that the said James Aitken is a person of unsound mind (Insane) and a proper Person to be detained and taken care of, do HEREBY AUTHORIZE you to receive the said James Aitken as a Patient into the (5) Public Asylum of Southern Counties Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Aitken which accompanied the said Petition.

(SIGNED) John P Grotter

DATED this 20th day of April one thousand eight hundred and Sixty one

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.

James Hitchen
Bt Quil 057
T

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 or Steward. (*) Shire or Stewartry.

Unto the Honourable the (*) *Sheriff* *of the* (*) *County* *of Dumfries* *and his Substitutes,*—

The Petition of *George Douglas M'Clure Inspector of Poor*

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that *Isabella Paisley, Pauper, residing in Village of Dalswinton* is at present in a state of Mental Derangement, and 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 Paisley* to the *Southern Counties Asylum* and to sanction *her* admission into the said Asylum.

(SIGNED) *Geo. Douglas M'Clure*

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

DATED this *Thirteenth* (*) day of *April* One thousand eight hundred and *Sixty one*

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	*Isabella Paisley*
2. Sex and Age,	*Female Eighty two years*
3. Married, Single, or Widowed,	*Single*
4. Condition of Life, and previous Occupation (if any),	*Labourer*
5. Religious Persuasion, so far as known,	*Established Church of Scotland*
6. Previous Place of Abode,	*Almshouse of the Parish*
7. Place where Found and Examined,	
8. Length of time Insane,	*Symptoms have been wavering for sometime but Complete delusions for two 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,	*No Cause can be assigned*
14. Whether subject to Epilepsy,	*No*
15. Whether Suicidal,	*No*
16. Whether Dangerous to others,	*Is only dangerous when sometimes threatens her brother*
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	*Kirkmahoe*
18. Date of becoming Chargeable,	*May Thousand Eight hundred & forty nine*
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,	*Hugh Paisley Dalswinton Village brother of the Patient & knows none of the family of unsound mind*
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.

(SIGNED)* *Name,* *Geo. Douglas M'Clure*

DATED this *Thirteenth* day of *April* One thousand eight hundred and *Sixty one*

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James Little
being a (1) Registered Surgeon, Public Service
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Dalswinton Village
in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Isabella Pasley Pauper,
and that
the said Isabella Pasley is a (5) person of
unsound 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 general appearance and incoherent mode of expression.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her Brother avers that she has frequently threatened to take his life.

(SIGNED) Name and Medical Designation, James Little, Surgeon R.N.

Place of Abode, Kirkton, Dumfries

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

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert 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 Gillespie Surgeon
being a (1) Licentiate of the College of Edinburgh
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) The Village
in the County of Dalswinton Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Isabella Pasley
and that
the said Isabella Pasley is a (5) unsound 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 wild appearance and incoherent answers to Questions put to her

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

(SIGNED) Name and Medical Designation, John Gillespie Surgeon

Place of Abode, Enterkenfoot Dumfriesshire

DATED this Ninth day of April One thousand eight hundred and Sixty One

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert 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 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 Delacour Grotter Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) George Douglas McClie Insp.r of Poor Kirkmahoe Certificates under the hands of James Lillie and John Gillespie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Isabella Pasley a pauper from Palmerston and that the said Isabella Pasley 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 Isabella Pasley 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 Isabella Pasley which accompanied the said Petition.

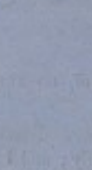
(SIGNED) J. D. Grotter

DATED this 24th day of April One thousand eight hundred and sixty one

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.

Isabella Parker
Dy the Asylum 1885



20 & 21 *Vict., Cap.* 71, *Sect.* 84.

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 John Richardson

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Richardson is at present in a state of Mental Derangement, and 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 Richardson to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) John Richardson

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

DATED this twenty seventh (*) day of April one thousand eight hundred and Sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	George Richardson
2. Sex and Age,	Male thirty three
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	now farm worker formerly Draper
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Prestonfield near annan
7. Place where Found and Examined,	do do
8. Length of time Insane,	6 or more for seven years
9. Whether first Attack,	
10. Age (if known) on first Attack,	twenty
11. When and where previously under Examination and Treatment,	never except at first, when in England;
12. Duration of existing Attack,	Upon Stated
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	yes, at times
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	John Richardson Prestonfield his eldest brother, no members of whose family have been known to be insane
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 Richardson

DATED this twenty seventh day of April one thousand eight hundred and Sixty one

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1240.

Carlisle Asylum
Pt to Asylum Fees

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 Williamson being a (1) Licentiate of the Royal Col. Surg. Edin College of Surgeons of Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Restonga Near Arbroath in the County of Forfarshire separately from any other Medical Practitioner visited and personally examined (4) George Richardson retired Draper now at Bletterfield and the said George Richardson 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) Vacant expression of countenance, and unusual Manner,

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Told by his Brother that he made an attack upon him on day, and also upon his Sister and threatened them with the infliction of great violence upon them

(SIGNED) *Name and Medical Designation,* Thomas Williamson

Place of Abode, Church Street Arbroath

DATED this twenty ninth day of April One thousand eight hundred and Sixty One

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 Ewart being a (1) Licentiate of the 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) Restonga in the Parish of Arbroath Forfarshire in the County of separately from any other Medical Practitioner visited and personally examined (4) George Richardson, formerly a draper, lately a person of means and that the said George Richardson 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) Vacant Expression of Countenance, and Generally appearance

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7) Told by the Mother, Brothers & Sisters, that he has at different times made violent attacks upon them and has threatened them & others with serious injury & fancies that a crowd of the place is his

(SIGNED) *Name and Medical Designation,* William Ewart. Surgeon

Place of Abode, Edinburgh Street, Arbroath

DATED this twenty ninth day of April one thousand eight hundred and Sixty One.

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 George Richardson is a (1) Lunatic of the said George Richardson hereby further certify that the Case is One of Emergency, and I recommend the immediate removal of the said George Richardson to an Asylum accordingly.

Name, Thomas Williamson Surgeon

Place of Abode, Church St Annan

DATED this twenty Ninth day of April one thousand eight hundred and sixty one

(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 Ritchie Trotter — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me with a Petition at the instance of (3) John Richardson Prestonfield near Annan Certificates under the hands of Thomas Williamson and William Ewart , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Richardson, farm worker Prestonfield near Annan and that the said George Richardson is a (5) Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said George Richardson as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said George Richardson which accompanied the said Petition.

(SIGNED) John Ritchie

DATED this Thirtieth day of April one thousand eight hundred and Sixty one 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.

Geo. Richardson
Born Wis. 1881

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) County of Dumfries and his Substitutes,—

The Petition of Geo. Douglas M'Rae Inspector of Poor Parkmuckloe

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Copland or M'Rae is at present in a state of Mental Derangement, and 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 Copland or M'Rae her to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) Geo: Doug: M'Rae

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

DATED this ~~Eighth~~ First (3) day of May one thousand eight hundred and Sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Janet Copland, maiden name M'Rae
2. Sex and Age,	Female Forty Eight years of age
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Adherent of the Church of Scotland
5. Religious Persuasion, so far as known,	A Native of this Parish
6. Previous Place of Abode,	
7. Place where Found and Examined,	
8. Length of time Insane,	Only a few 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,	Supposed a Day &
13. Supposed Cause,	Her mind affected by the influence of religious fanatics
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 chargeable as a Pauper
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Not a Pauper
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	James Copland, Tailor, Moniaive, Father, Mackinnon, Heave many of her family Remarkable for unsound mind

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

(SIGNED)* Name, Geo: Doug: M'Rae

DATED this First day of May one thousand eight hundred and Sixty one

* To be Signed by the Party applying.

Lunacy Board.—Dec.—37.—1200.

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 Little being a (1) Registered Surgeon - Public Service and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Kirkton Village in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Coupland and that the said Janet Coupland is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
She imagines that she is married to Christ but that he has now deserted her and is engaged in business in the inhabitants of Kirkton - evidently Revival Terms

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her husband & Son inform me that she has frequently endeavoured to strike and bite them

(SIGNED) *Name and Medical Designation,* James Little, Surgeon

Place of Abode, Kirkton, Kirkmahoe

DATED this Fourth day of May One thousand eight hundred and Sixty One

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 Murray McCulloch being a (1) a graduate of the University of Edinburgh Licentiate of the Royal College of Surgeons &c and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Dumfries Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Janet Coupland and that the said Janet Coupland is a (5) of unsound 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) Conversation incoherent & partly unintelligible, says that all people go down through a hole & that herself, until Millennium &c.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She one moment declares she is going to Heaven & next that she is married to Christ; that she tore her clothes to pieces &c

(SIGNED) *Name and Medical Designation,* James Mc. McCulloch

Place of Abode 38 Castle Street, Dumfries

DATED this 4th day of May one thousand eight hundred and Sixty one years

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 Janet Coupland is a (1) Lunatic hereby further certify that the Case of the said Janet Coupland is One of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

Name, James Little

Place of Abode, Rockton – Kirkmahoe

DATED this Fourth day of May one thousand eight hundred and Sixty One

(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 Pitcairn Frotes Sheriff Substitute of the (1) County of Dumfries having had produced to me, with a Petition at the instance of (2) George Douglas McGhie, Inspector of Poor Kirkmahoe Certificates under the hands of Samuel Little and James Murray McCulloch, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (3) Janet Coupland a pauper at Rockton and that the said Janet Coupland is a (4) Lunatic & of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Coupland as a Patient into the (5) 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 Coupland which accompanied the said Petition.

(SIGNED) John S. Frotes

DATED this Sixth day of May one thousand eight hundred and Sixty one years

To the Superintendent of the (6) 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.

844 Lunacy
Lewis McRae vs Cofer
4/5/61

Lunacy Act Schedule

Admissions of patient to a public Asylum

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) County of Dumfries *and his Substitutes.*

The Petition of John Mc Candlish

former Portyerrock

hereby sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Mc Candlish

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 Alexander Mc Candlish to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(SIGNED) John Mc Candlish

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

DATED this 7th (3) day of May one thousand eight hundred and Sixty-one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Alexander Mc Candlish
2. Sex and Age,	Male at 30
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 Scotland
6. Previous Place of Abode,	Whitehorn
7. Place where Found and Examined,	Crichton Institution
8. Length of time Insane,	four years
9. Whether first Attack,	first attack
10. Age (if known) on first Attack,	26 years
11. When and where previously under Examination and Treatment,	at Whithorn
12. Duration of existing Attack,	four years
13. Supposed Cause,	Loss in business
14. Whether subject to Epilepsy,	Not Epileptic
15. Whether Suicidal,	Not Suicidal
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	John Mc Candlish brother Port yerrock Whithorn No Member of the family known insane
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 Mc Candlish

DATED this Seventh day of May one thousand eight hundred and Sixty one

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1200.

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 Dickson 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) Cricketon Institution Dumfries. in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Alexander McCandlish a clerk Portpatrick Wigtown and at the said Alexander McCandlish is a (5) Person of Unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Depression - Restlessness & inability to work, that he often contemplates Suicide - that he put his Razor formally to his throat

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Disposition to wander about without object

(SIGNED) *Name and Medical Designation,* John Dickson

Place of Abode, Buccleuch Street Dumfries

DATED this Seventh day of May One thousand eight hundred and Sixty one

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 Gibson M.D 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) Cricketon Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Alexander McCandlish a clerk Portpatrick Wigtown and the said Alexander McCandlish is a (5) Person of Unsound Mind and a proper Person to be detained under Care and Treatment, 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 is depressed and melancholy and miserable - believing that he cannot obtain mercy

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7) Wanderabout without an object as stated by his brother

(SIGNED) *Name and Medical Designation,* James Gibson M.D

Place of Abode, Cricketon House Dumfries

DATED this Seventh day of May one thousand eight hundred and Sixty one

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 Alexander McCandlish is a (1) person of unsound mind hereby further certify that the Case of the said Alexander McCandlish is One of Emergency, and I recommend the immediate removal of the said Alexander McCandlish to an Asylum accordingly.

Name, John Dickson

Place of Abode, Buccleuch Street Dumfries.

DATED this Seventh day of May one thousand eight hundred and Sixty one

(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 Pearson Frotten Sheriff Substitute of the (2) County of Dumfries — having had produced to me, with a Petition at the instance of (3) John McCandlish Farmer Dalgarrock Certificates under the hands of John Dickson M.D. and James Gilchrist 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) Alexander McCandlish Clerk at Whitton and that the said Alexander McCandlish is a (5) person of unsound mind and a proper Person to be detained and taken care of, I DO HEREBY AUTHORIZE you to receive the said Alexander McCandlish as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorise the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alexander McCandlish which accompanied the said Petition.

(SIGNED) John P. Frotten

DATED this Eighth day of May one thousand eight hundred and Sixty one

To the Superintendent of the (7) Public *Asylum of* Crichton 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, or Private.
(7) Public, District, or Private.

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) Shire of Dumfries *and his Substitutes,—*

The Petition of William Archibald Anderson
Salvatore Dallicatte

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Anderson my 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 Helen Anderson to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) William Anderson

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

DATED this Seventh (3) day of May one thousand eight hundred and eighty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Helen Anderson
2. Sex and Age,	Female 23
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Estab.d Church
6. Previous Place of Abode,	
7. Place where Found and Examined,	Palmerston Dalbeattie
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,	Puerperium
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No Not Threatened
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Wm Archibald Anderson Father Palmerston Dalbeattie
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,* William Anderson

DATED this Seventh day of May one thousand eight hundred and eighty one

* To be Signed by the Party applying.

Lunacy Board,—Dec.—37.—1200.

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.*

I, the undersigned, James Findlay. M.D. Douglas Asylum being a (1) Practitioner in Medicine of the University of Edinburgh and being in actual practice as a (2) Physician in Castle Douglas Asylum hereby certify, on soul and conscience, that I have this day, at (3) Palmerston in the County of Kirkcudbright visited and personally examined (4) Helen Anderson Servant separately from any other Medical Practitioner, and the said Helen Anderson is a (5) Pauper and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—that she is in a state of acute mania

(4) *Insert 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) that she is violent & noisy & has to be restrained because she is in a state of great excitement & the words she utters are incoherent & she has attempted violence to those around her

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her father states that she was out of her mind & violent & threatened to destroy herself & the family & that she is dangerous & upset the house

(SIGNED) *Name and Medical Designation,* James Findlay M.D.

Place of Abode, Castle Douglas

DATED this 18th day of May One thousand eight hundred and eighty one

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.*

I, the undersigned, Rose Scrimgeour M.B. being a (1) Graduate of the University of Edinburgh & Physician and being in actual practice as a (2) 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) Helen Anderson lunatic and the said Helen 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.:—

(4) *Insert 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) Excited and incoherent and full of delusions

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7) Has attempted suicide as stated by surgeon

(SIGNED) *Name and Medical Designation,* Rose Scrimgeour M.B.

Place of Abode, Southern Counties Asylum Dumfries

DATED this Fourth day of May one thousand eight hundred and eighty one

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 Helen Anderson is a proper person to be taken charge of and is a (1) person of unsound mind hereby further certify that the Case of the said Helen Anderson is dangerous is One of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

Name, James Kirkpatrick M.D.

Place of Abode, Castle Douglas

DATED this 6th day of May one thousand eight hundred and 61

(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 Pitcairn Fowler Sheriff Substitute of the (2) County of Dumfries having had produced to me with a Petition at the instance of (3) William Anderson residing in Palnackie, Dalbeattie Certificates under the hands of James Kirkpatrick and James Gilchrist being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Anderson, a servant, Palnackie present and that the said Helen 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 Helen Anderson as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise (7) Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Anderson which accompanied the said Petition.

(SIGNED) John P. Fowler

DATED this 7th day of May one thousand eight hundred and Sixty one

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.

845
Helen Anderson
4/5/61

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) Steward of the (2) Stewartry of Kirkcudbright *and his Substitutes,*—

The Petition of James Ballantine

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

is at present in a state of Mental Derangement, and 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 Currie to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(SIGNED) James Ballantine Inspector of Poor

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

DATED this Thirtieth (3) day of April one thousand eight hundred and Sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	James Currie
2. Sex and Age,	Male Sixty Seven
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Resident in Carsphairn since boyhood
7. Place where Found and Examined,	Carsphairn Village
8. Length of time Insane,	Since May 1860
9. Whether first Attack,	Second
10. Age (if known) on first Attack,	47 or thereabouts
11. When and where previously under Examination and Treatment,	Never removed from his own house
12. Duration of existing Attack,	Since May 1860
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	Not known
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 Carsphairn
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,	Agnes Gibson his wife residing in Carsphairn Village, Family nervous and inclined to Insanity
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

(SIGNED)* *Name,* James Ballantine Inspector of Poor

DATED this 30th day of April one thousand eight hundred and Sixty one

* To be Signed by the Party applying.

Lunacy Board,—Dec.—37.—1200.

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.*

I, the undersigned, Wm Allan being a (1) Licentiate of the Faculty of Physicians & Surgeons Glasgow and being in actual practice as a (2) General Practitioner, Dalmellington hereby certify, on soul and conscience, that I have this day, at (3) on the 25 & 27 April at Carsphairn in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) James Currie and the said James 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.:—

(4) *Insert 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)

I have heard him threaten to commit Suicide under the impression that his soul is already damned —

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

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

I have heard it said, that he threatened to destroy his wife — My information on this point was gathered from people in the neighbourhood of Carsphairn

(SIGNED) *Name and Medical Designation,* Wm Allan Surgeon

Place of Abode, Dalmellington

DATED this 30th day of April One thousand eight hundred and 61

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.*

I, the undersigned, James Ritchie 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~~ 24th April at Carsphairn in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) James Currie and the said James 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.:—

(4) *Insert 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)

Religious Melancholy and various other delusions

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

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

none

(SIGNED) *Name and Medical Designation,* James Ritchie Jr.

Place of Abode, Dalmellington

DATED this 30th day of April one thousand eight hundred and 61

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 James Currie is a (1) Lunatic and hereby further certify that the Case of the said James Currie is One of Emergency, and I recommend the immediate removal of the said James Currie to an Asylum accordingly.

Name, Wm Allan Surgeon

Place of Abode, Dalmellington

DATED this 24th day of April one thousand eight hundred and 61

(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 Hyacinth Dunbar Esquire (1) Steward Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) James Ballantine. Certificates under the hands of William Allan Surgeon and ——— being Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had ~~separately~~ visited and examined (4) the said James Currie ——— and that the said James Currie ——— is a (5) person of unsound mind and a proper Person to be detained and taken care of, I HEREBY AUTHORIZE you to receive the said James Currie ——— as a Patient into the (6) Southern Counties Asylum of Dumfries ——— and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Currie ——— which accompanied the said Petition. ~~from~~ words deleted

(SIGNED) W H Dunbar

DATED this 2nd day of May one thousand eight hundred and Sixty nine

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.

846
Hannah Tarris
1861

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.

(a) Sheriff or Steward.
(b) Shire or Stewartry.

Unto the Honourable the (a) Sheriff *of the* (b) County of Shire *of* Wigtown *and his Substitutes,—*

The Petition of John McCallum, Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Cooper, 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 Cooper to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) John McCallum

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

DATED this seventh (c) day of May One thousand eight hundred and sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Mary Cooper
2. Sex and Age,	Female Age 36 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,	Presbyterian
6. Previous Place of Abode,	
7. Place where Found and Examined,	Her own home, Corbals, R. Stewart
8. Length of time Insane,	Ten days
9. Whether first attack,	yes
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	No where
12. Duration of existing Attack,	
13. Supposed Cause,	Death of a child belonging to her 4 weeks & 9 months
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,	Penninghame
18. Date of becoming Chargeable,	10th December 1858
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,	Rebecca Cooper, Cotton Mill Street, Corbals, is the Patients mother None of her relations 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.

(SIGNED)* *Name,* John McCallum Insp.r of Poor

DATED this seventh day of May One thousand eight hundred and sixty one

* 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 Pearson
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) Newton Stewart Wigtown in the County of
separately from any other Medical Practitioner, visited and personally examined (4) Mary Cooper, pauper, Newton Stewart and that the said Mary Cooper is a (5) person of unsound 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)
Most violent language & running from one subject to another without the least coherension

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Going about in a state of nudity

(SIGNED) Name and Medical Designation, John Pearson M.

Place of Abode, Newton Stewart

DATED this 7th day of May One thousand eight hundred and sixty one

---

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, Charles Smith
being a (1) Licentiate of the Royal College of Surgeons Glasgow
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Newton Stewart Wigtown in the County of
separately from any other Medical Practitioner, visited and personally examined (4) Mary Cooper, pauper, Newton Stewart and that the said Mary Cooper is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
Outrageous appearance violent actions and incoherent language

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Going about in almost a state of nakedness and uttering fearful oaths

(SIGNED) Name and Medical Designation, C. Smith Surgeon

Place of Abode, Newton Stewart

DATED this Seventh day of May One thousand eight hundred and Sixty one years

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

(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, Macduff Rhind (1) Sheriff Substitute
of the (3) County of Wigtown
having had produced to me, with a Petition at the instance of (4) John McWilliam
Inspector of Poor of the Parish of Penninghame
Certificates under the hands of John Pearson M.D.
and C Smith 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 (5)
Mary Cooper, Pauper, Newton Stewart and that the said
Mary Cooper 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 Mary Cooper as a Patient into the
(6) Public 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 Cooper
which accompanied the said Petition.

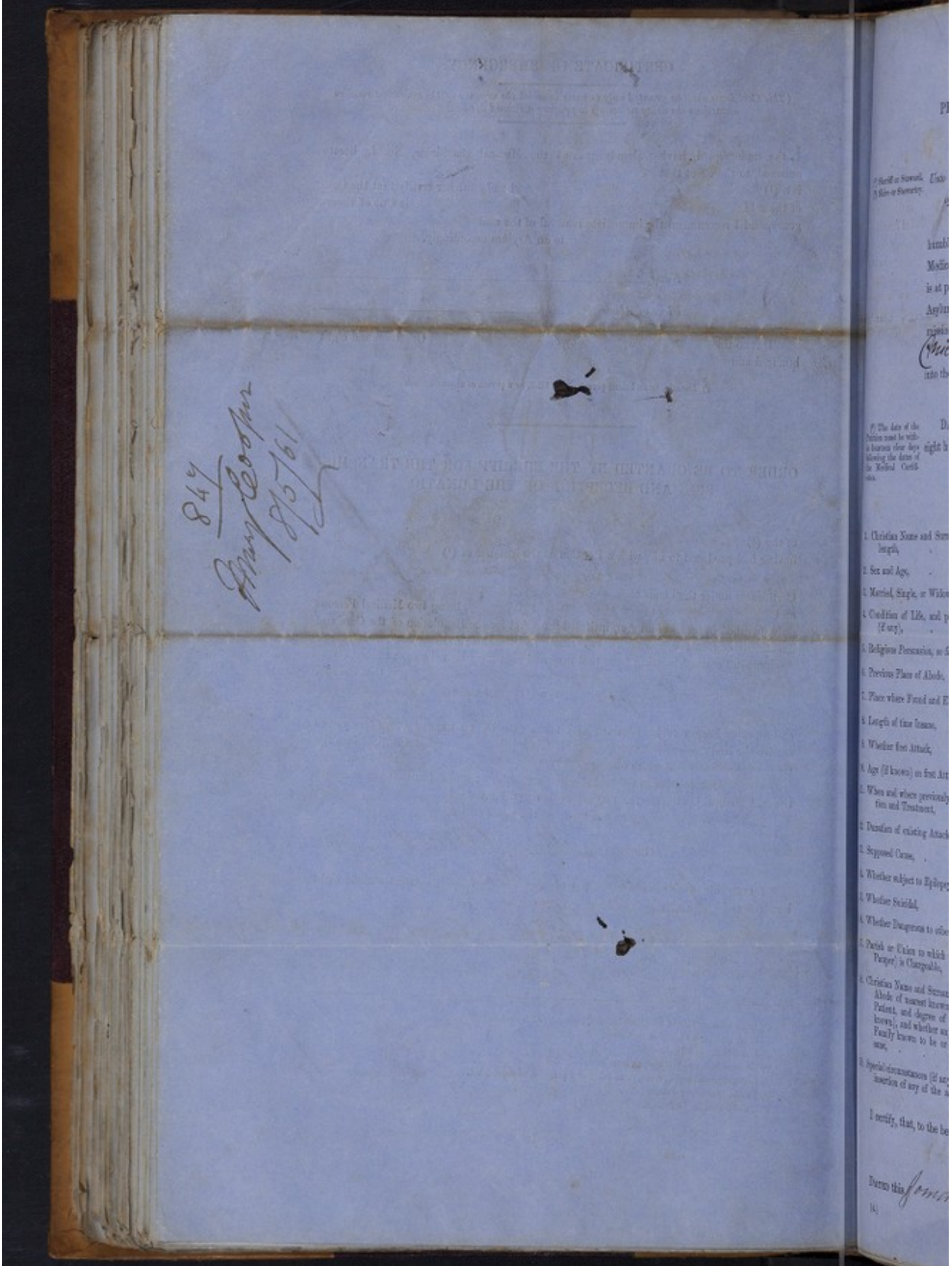
(Signed) M. Rhind

Dated this Seventh day of May One thousand eight hundred and Sixty one years

To the Superintendent of the Asylum of (7) 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.



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

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 (*) Sheriff of the (*) County of Roxburgh and his Substitutes.

The Petition of Henry Watt Inspector of Poor of Kirkwood

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Campbell or Armstrong is at present in a state of Mental Derangement, and 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 Armstrong to the Melrose Institution Asylum and to sanction her admission into the said Asylum.

(SIGNED) H. Watt Inspector

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

DATED this fourth (*) day of May one thousand eight hundred and sixty one 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 Campbell or Armstrong
2. Sex and Age,	Female - 63 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Wife of a tailor
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Has always lived in Kirkwood
7. Place where Found and Examined,	In Jedburgh Poor House
8. Length of time Insane,	More than four months on this occasion
9. Whether first Attack,	Has had same previous attacks
10. Age (if known) on first Attack,	About 20 years of age
11. When and where previously under Examination and Treatment,	Was in the Lunatic Institution at York seven months up to May 1860
12. Duration of existing Attack,	4 months
13. Supposed Cause,	No known cause
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Has often threatened violence, and has occasionally struck with her fists
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkwood
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,	William Armstrong tailor Kirkwood is her husband & None of his family known to have been insane
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*, _____

DATED this fourth day of May one thousand eight hundred and sixty one

[4] * To be signed by the Party applying. H. Watt Insp.r

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Wm Orpell residing in Stranraer being a (1) Licentiate of the Faculty of Physicians & Surg 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) Greenvale & Stranraer in the County of Wigtown, separately from any other Medical Practitioner visited and personally examined (4) Mary Campbell or Armstrong a pauper and that the said Mary Campbell or Armstrong is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She speaks in a incoherent and unconnected manner & not only refuses to but has always done so on previous occasions when I have attended her as Parochial Surgeon. I have visited her during the last four months

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband Wm Armstrong and grand-daughter Jane Rankin reside in the same house & she always speaks incoherently and acts in very unbecoming manner, being sometimes very violent

(SIGNED) *Name and Medical Designation,* Wm Orpell Surgeon

Place of Abode, Stranraer

DATED this 30th day of April One thousand eight hundred and sixty one

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, Ebenezer Fleming being a (1) Doctor of Medicine and a Licentiate of the 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) Greenvale Stranraer in the County of Wigtown, separately from any other Medical Practitioner visited and personally examined (4) Mary Campbell or Armstrong a Pauper and that the said Mary Campbell or Armstrong is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She Speaks a great deal in a rambling, incoherent, unconnected strain in my presence She abused and threatened her husband and others in the house, with fearful imprecations She was examined by me fully a year and half ago, when I found her in a similar State and reported accordingly

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The above facts are confirmed by her Husband Wm Armstrong and Grand daughter, Jane Rankin, who are both residents in the House - They inform me in addition, that at times she becomes violent, especially when spoken to, and that generally her conduct and actions are those of a Lunatic

(SIGNED) *Name and Medical Designation,* Ebenezer Fleming M.D.

Place of Abode Stranraer

DATED this Thirtieth day of April one thousand eight hundred and Sixty one years

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, Macduff Rhind Esqure Advocate Sheriff substitute (1)
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Henry Watt Inspector of Poor Stranraer
Certificates under the hands of John Argill Surgeon
and Ebenezer Fleming 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)
Mary Campbell or Armstrong Pauper and that the said
Mary Campbell or Armstrong is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Campbell or Armstrong as a Patient into the (6) Crichton 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 Campbell or Armstrong which accompanied the said Petition.

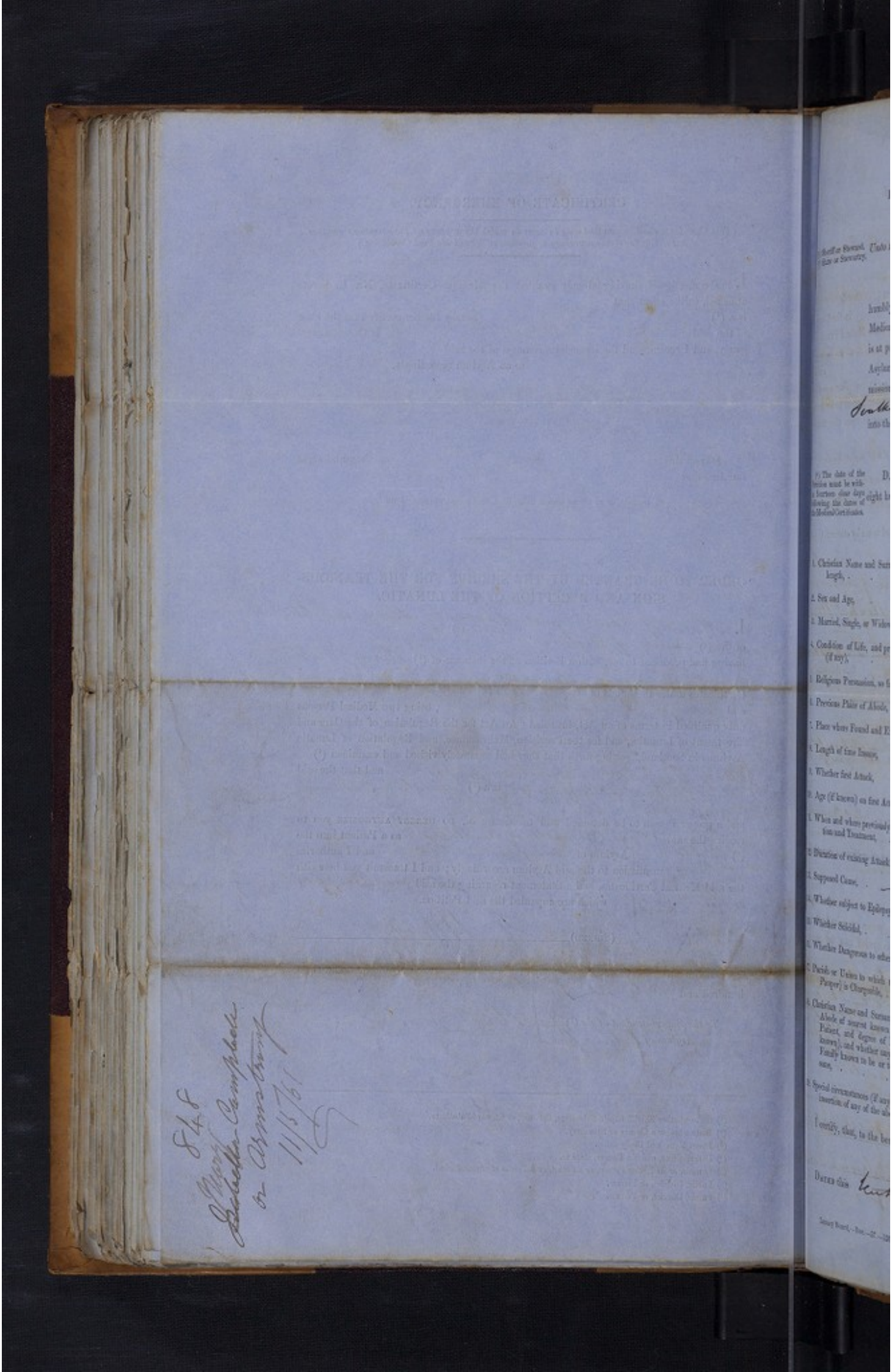
(SIGNED) M. Rhind

DATED this seventh day of may one thousand eight hundred and sixty one

To the Superintendent of the (7) Crichton
Asylum of Dumfries

3

(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.



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 Ayr *of the* (2) County *and his Substitutes,—*

The Petition of Mary Davidson

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Eliza Davidson is at present in a state of Mental Derangement, and 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 Davidson to the Southern Counties' Asylum Dumfries and to sanction his admission into the said Asylum.

× (SIGNED) Mary Davidson

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

DATED this tenth (3) day of May one thousand eight hundred and Sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Eliza Davidson
2. Sex and Age,	Female 33
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic engagements
5. Religious Persuasion, so far as known,	Protestant — Established Church of Scotland
6. Previous Place of Abode,	Troon
7. Place where Found and Examined,	Troon
8. Length of time Insane,	Ten ~~months~~ years (counted from first attack)
9. Whether first Attack,	No — the second
10. Age (if known) on first Attack,	23
11. When and where previously under Examination and Treatment,	1st Dumfries 2 Carstairs
12. Duration of existing Attack,	Nine months
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Mrs Mary Davidson Troon Mother
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,* Mary Davidson

DATED this tenth day of May one thousand eight hundred and 61

× ——

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1200.

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, Hugh Highet being a (1) L. F. P. & S. Glasgow & M. D. Glasgow and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Mr Davidson Ayr Street in the County of Ayr separately from any other Medical Practitioner visited and personally examined (4) Eliza Davidson and the said Eliza Davidson is a (5) a person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) she has told me the Duke of Athol is a rogatone he causes Husbands to leave their wifes and cohabit with others &

2. Other facts (if any) indicating Insanity communicated to me by others: (7) she has told her sister I was going to give her Chloroform to take away her power of reasoning

(SIGNED) *Name and Medical Designation,* Hugh Highet, M.D.

Place of Abode, Ayr Street Troon

DATED this ninth day of May One thousand eight hundred and sixty one

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 Hutcheson M.D. Edin. Fellow of the Royal College of Edinburgh, Fellow of the Faculty of Physicians and Surgeons being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Mrs Davidson Ayr Street, Troon in the County of Ayr separately from any other Medical Practitioner visited and personally examined (4) Eliza Davidson and the said Eliza Davidson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Great excitability Delusions of which the following are specimens that Mr Highet the Commander in Chief is determined to plunge the country in war, to accomplish his own purposes, among others the destruction of innocent parties that she has been & is now a Tool for immoral purposes — that her present residence is against her will & that she is brutally & wish to destroy her body Homicidal

2. Other facts (if any) indicating Insanity communicated to me by others. (7) General excitement — Loud talking & singing Snaps of Poetry — Rhyming herself — Suspicion that poison is being given her & particularly Chloroform

(SIGNED) *Name and Medical Designation,* Wm. Hutcheson M.D. F.R.

Place of Abode, The Hermitage - Troon - Ayrshire

DATED this tenth day of May one thousand eight hundred and sixty one

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in case 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 Pettigrew Wilson Esquire, Sheriff Substitute of the (2) County of Ayr having had produced to me, with a Petition at the instance of (3) Mary Davidson residing in Troon Certificates under the hands of Hugh Highet and William Hutcheson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Eliza Davidson, residing in Troon and that the said Eliza Davidson is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Eliza Davidson as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Eliza Davidson which accompanied the said Petition.

(SIGNED) J. Pettigrew Wilson

DATED this eleventh day of May one thousand eight hundred and sixty one

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.

849
Eliza Davidson
13/5/61

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) County of Dumfries *and his Substitutes,—*

The Petition of Wm Graham Inspector of Poor Hoddom

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Scott, 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 Scott, Pauper to the Southern Counties Asylum and to sanction ~~his~~ her admission into the said Asylum.

(SIGNED) Wm Graham Inspector of Poor Hoddom

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

DATED this Sixteenth (3) day of May one thousand eight hundred and Sixty One

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Ann Scott
2. Sex and Age,	Female
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Ecclefechan
7. Place where Found and Examined,	Ecclefechan
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 Asylum
12. Duration of existing Attack,	3 days
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Attempted to Cut her Throat
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Hoddom
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,	Ann Cunningham Mother Ecclefechan Parents took Husband
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, Wm Graham Inspector of Poor Hoddom

DATED this Sixteenth day of May one thousand eight hundred and Sixty One

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1200.

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.*

I, the undersigned, William Young being a (1) Licentiate of the Royal College of Surgeons of Edinburgh & Surgeon and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Ecclefechan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Anne Scott, Pauper residing at Ecclefechan and the said Anne 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.:—

(4) *Insert 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) "Despondency" "Restlessness", "Disinclination to take food" & Predisposition to Commit Suicide.

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

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

(SIGNED) *Name and Medical Designation,* William Young, Surg.

Place of Abode, Ecclefechan.

DATED this Sixteenth day of May One thousand eight hundred and Sixty one.

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.*

I, the undersigned, James Rae Anderson being a (1) M.D. Glasgow & Licentiate of the Faculty of Physicians & Surgeons 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) Ecclefechan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Ann Scott Pauper and the said Ann Scott 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.:—

(4) *Insert 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) Great depression of mind. Indisposition to do anything &c —— Do ——

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

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

(SIGNED) *Name and Medical Designation,* J. R. Anderson M.D.

Place of Abode, Wrake Beck.

DATED this Sixteenth day of May one thousand eight hundred and Sixty one

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 Dickson Trotter Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Graham Inspector of Poor Ecclefechan Certificates under the hands of William Young and James Rae Anderson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Annie Scott in Ecclefechan (a pauper) and that the said Annie Scott is a (5) Person of unsound mind and Lunatic person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Annie Scott as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Annie Scott which accompanied the said Petition.

(SIGNED) John Trotter

DATED this Twenty first day of May one thousand eight hundred and sixty one

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.



20 & 21 *Vict.*, *Cap.* 71, *Sect.* 84.

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 William Hastings Inspector of Kirkcudbright humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Geddes or Caudlish Minnyhive 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 Janet Geddes or Caudlish —— to the Southern Counties Asylum at Dumfries and to sanction his admission into the said Asylum.

(SIGNED) William Hastings

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

DATED this 17th (3) day of May one thousand eight hundred and Sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Janet Geddes or Caudlish
2. Sex and Age,	Female — 62 years
3. Married, Single, or Widowed,	Maried
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Established Kirk
6. Previous Place of Abode,	Minnihive
7. Place where Found and Examined,	Kirkconnel Village
8. Length of time Insane,	Two years
9. Whether first Attack,	1 Attack
10. Age (if known) on first Attack,	40 years
11. When and where previously under Examination and Treatment,	No previous treatment
12. Duration of existing Attack,	2 years
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,	Kirkconnel
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 Caudlish, Husband
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*, William Hastings

DATED this 17th day of May one thousand eight hundred and Sixty one

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1216.

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.*

I, the undersigned, William Kay Surgeon Sanq
being a (1) Member 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) High S
Kirkconnel
Dumfries in the County
separately from any other Medical Practitioner
visited and personally examined (4) Janet Candlish wife
James Candlish Kirkconnel-Pauper and th
the said Janet Candlish 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.:—

(4) *Insert 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 careless about the duties of her household, has a delusion that people owe her money and that her husband does not work. She is a constant worker.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) S
an ungovernable hatred to her husband, gets into a
fits of anger and talks incoherently, th
to destroy her husband. She has frequently run
from the house without any apparent motive. Informed
Arrived from Mr Singside and her husband

(SIGNED) Name and Medical Designation, William Kay Surge

Place of Abode, Sanquhar

DATED this 17th day of May One thousand eig
hundred and sixty one.

MEDICAL CERTIFICATE, No. II.

(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.*

I, the undersigned, Robert Forsyth M. D Sanquhar
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) High Stre
Kirkconnel
Dumfries in the County
separately from any other Medical Practitioner
visited and personally examined (4) Janet Candlish wife
Candlish Road Labourer Kirkconnel pauper and the
the said Janet Candlish 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.:—

(4) *Insert 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 has a peculiar idea that everyone she comes in contact with her money & that her husband does not work to supp
her - for which cause Threatens & Kill him

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7)
She often wanders from home without any
for doing so - she gets into violent rages &
M Etherall derived from Mrs Candlish

(SIGNED) Name and Medical Designation, Robert Forsyth

Place of Abode, Sanquhar

DATED this 17 day of May one thousand eigh
hundred and 61

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

(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 Delacaire Gordon, Sheriff Substitute of the (2) County of Dumfries having had produced to me with a Petition at the instance of (3) William Hastings Inspector of Poor of Kirkconnell Certificates under the hands of William Kay Surgeon and Robert 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) Janet Geddes or Candlish, domiciling a pauper and that the said Janet Geddes or Candlish is a 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 Janet Geddes or Candlish as a Patient into the (5) Public Asylum of Southern Counties Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Geddes or Candlish which accompanied the said Petition.

(SIGNED) John D. Gordon

DATED this 18th day of May one thousand eight hundred and sixty one

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.

Sam'l Riddle vs Sam'l Hide
1865/61

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) County of Dumfries *and his Substitutes,—*

The Petition of Hugh B. Currie, Inspector of Poor Lochmaben humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William McCall is at present in a state of Mental Derangement, and 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 McCall to the Dumfries Asylum and to sanction his admission into the said Asylum.

(SIGNED) Hugh B. Currie

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

DATED this Nineteenth (3) day of May One thousand eight hundred and Sixty one

---

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	William McCall
2. Sex and Age,	Male, aged 48
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Pensioner from the Royal Navy present occupation Grazier
5. Religious Persuasion, so far as known,	Episcopalian
6. Previous Place of Abode,	Wolfclyde
7. Place where Found and Examined,	Lochmaben
8. Length of time Insane,	Five or six months
9. Whether first attack,	Gradual
10. Age (if known) on first Attack,	47 years
11. When and where previously under Examination and Treatment,	Never before examined
12. Duration of existing Attack,	Five or six months
13. Supposed Cause,	Exposure to Indian climates, with dissipated habits afterwards
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,	Has not become 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,	Mary Jane Dixon, Lochmaben wife, Not known whether any of his family were 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.

(SIGNED)* *Name,* Hugh B. Currie

DATED this Nineteenth day of May One thousand eight hundred and Sixty one

* 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, Thos. Alex. Fraser Scott M.B. L.R.C.P.
being a (1) Member of the Royal College of Surgeons of London
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) West Street Lochmaben
in the County of Dumfries
separately from any other Medical Practitioner, visited and personally examined (4) William M'Bolt, Pensioner from the Royal Navy
and that the said William M'Bolt is a (5) person of unsound 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) Weakness of intellect shown by his sitting for hours together without moving, then commencing to talk of seeing things and hearing sounds, &c.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Is addicted immoderately to filthy habits, and refuses when within to work, walking about the street in an indecent manner.

(SIGNED) *Name and Medical Designation,* Thos. A. F. Scott M.B.

Place of Abode, High St. Lochmaben

DATED this twelfth day of May One thousand eight hundred and Sixty One

---

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 Richard McG
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) Southern Counties Asylum
in the County of Dumfries
separately from any other Medical Practitioner, visited and personally examined (4) William M'Coll
a Pauper and Pensioner
and that the said William M'Coll is a (5) Person
of Unsound 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) Violently excitable and disposed to strike when crossed

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Attendants state that each night he was restless and excited

(SIGNED) *Name and Medical Designation,* James Richard McG

Place of Abode, Crichton Terrace Dumfries

DATED this 20th day of May One thousand eight hundred and Sixty one

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 William Mc'Coll is a (1) person [illegible] hereby further certify that the Case of the said William Mc'Coll is One of Emergency, and I recommend the immediate removal of the said William Mc'Coll to an Asylum accordingly.

Name, Thos A. F. Scott M.B. R.C.P.&S.E.

Place of Abode, Kirkhope Rochmaben

DATED this twenty fourth day of May One thousand eight hundred and sixty one

(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 Alexander Trotter (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Hugh B Currie Inspector of Poor Rochmaben Certificates under the hands of Thomas Alexander Fraser Scott and James Aitchison, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McColl a pauper from Rochmaben – and that the said William McColl 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 McColl 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 William McColl – which accompanied the said Petition.

(SIGNED) John A Trotter

DATED this twenty fourth day of May One thousand eight hundred and sixty one 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.

8512
William Mc. Clow
19/5/61

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

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 (*) Sheriff *of the* (*) Sheriffdom of Wigton and Kirkcudbright *and his Substitutes,—*

The Petition of Thomas Kennedy Inspector of Poor for the Parish, Stonykirk humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert M'Colm 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 M'Colm to the Crichton Royal Institution Dumfries and to sanction his admission into the said Asylum.

(SIGNED) Thomas Kennedy Inspector.

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

DATED this First (*) day of May one thousand eight hundred and Sixtyone

STATEMENT.

If any 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 M'Colm
2. Sex and Age,	Male 21½ 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,	Auchleach
7. Place where Found and Examined,	Barhill
8. Length of time Insane,	9 years
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	12 years
11. When and where previously under Examination and Treatment,	At home
12. Duration of existing Attack,	9 years
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Becoming so
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Stonykirk Chargeable as a Pauper
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	James M'Colm Barhill Stonykirk Father None of his family previously known to have been Insane
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,* Thomas Kennedy Inspector of Poor

DATED this First day of May one thousand eight hundred and Sixtyone

[4.] * 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, Charles Howland Ralfe being a (1) Licentiate of the Royal College of Physicians & Surgeons Edinburgh & Member of the Royal College of Surgeons England and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Robertsons Cottage Stony Kirk Myltown — in the County separately from any other Medical Practitioner visited and personally examined (4) Robert Mc Culloch Barnhill and the said Robert Mc Culloch 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) From his expression of countenance - Dejection of Eyes - And more especially from his attack he was about four Months

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Parents state he has been the Victim of Epilepsy for some years. He has always enjoyed excellent health until this attack which

(SIGNED) Name and Medical Designation, C. Howland Ralfe M.R.C.S.

Place of Abode, Stony Kirk

DATED this First day of May One thousand eight hundred and Sixty one

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 Aynsley Agnew ~~Registered Practitioner~~ being a (1) Registered Practitioner by the Council of Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Barnhill Stony Kirk Myltown in the County separately from any other Medical Practitioner visited and personally examined (4) Robert M'Colm Barnhill and the said Robert M'Colm is a (5) Person of Unsound 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) having known him for a number of years I have seen him frequently while labouring under Epileptic Seizures his expression of Countenance indicates an unsound state of Mind

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) From the statements received from his Parents he has frequently shown symptoms of Violence but not to such an extent as to require restraint but the attack about four Months since

(SIGNED) Name and Medical Designation, Hugh Aynsley Agnew

Place of Abode Sauchead Stony Kirk

DATED this First day of May one thousand eight hundred and Sixty one

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

(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, Macduff Rhind Cayzer, Advocate, Sheriff substitute (1)
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Thomas Kennedy Inspector of Poor of the parish of Glenluce
Certificates under the hands of Charles Malcolm Roy, Surgeon,
and Hugh Agnew, 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) — Robert McColm, pauper, and that the said Robert McColm 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 McColm as a Patient into the (6) Crichton Asylum of Dumfries 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 Robert McColm which accompanied the said Petition.

(SIGNED) M. Rhind

DATED this seventeenth day of May one thousand eight hundred and sixty one

To the Superintendent of the (7) Crichton Asylum of Dumfries - 3

---

(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.

853
Robert McClellan
25th '61

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) County *of* Dumfriesshire *and his Substitutes,—*

The Petition of John Bell Inspector

Poor Moffat humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Aitchison of Bogha is at present in a state of Mental Derangement, and 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 Aitchison to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) John Bell

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

DATED this 23d (*) day of May one thousand eight hundred and Sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	John Aitchison
2. Sex and Age,	Male 29 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Shepherd
5. Religious Persuasion, so far as known,	Free Church
6. Previous Place of Abode,	Island of Arran
7. Place where Found and Examined,	Moffat
8. Length of time Insane,	Eight 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,	Not as far as known
16. Whether Dangerous to others,	Not that I am aware of
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Moffat
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,	Anne Aitchison Bogha Mother — No — None of the Relatives
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 Bell Inspector

DATED this 23d day of May one thousand eight hundred and Sixty one

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1260.

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 Dickson M.D 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) Southam Combs, Asylum Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) John Aitchison Shepherd & Pauper and that the said John Aitchison is a (5) Person of Unsound 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) - Vague & Confused in his answers & gestures - Restless in manner - abrupt & eccentric in conduct - mind somewhat weakened.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Tendency to wander during the night - answered him in a delirious manner - left the room when he received a letter by the town bellman - Visited upon the bellman being sent to inform me to the same

(SIGNED) *Name and Medical Designation,* John Dickson M.D

Place of Abode, 20 Buccleuch Street Dumfries

DATED this 23 day of May One thousand eight hundred and Sixty one.

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 Gilchrist M.D 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) Southam Combs Asylum Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) John Aitchison Shepherd and Pauper and that the said John Aitchison is a (5) Person of Unsound 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) Answers given unintelligible vague and irrelevant Mind generally depressed.

2. Other facts (if any) indicating Insanity communicated to me by others. (7) Is roused by attendants to wander at night - visits clergymen at their houses demanding prayers &c

(SIGNED) *Name and Medical Designation,* James Gilchrist M.D

Place of Abode, Gretton House Dumfries

DATED this 23 day of May one thousand eight hundred and Sixty one

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

(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, John Pitcairn Trotter — (1) Sheriff Substitute of the (2) County of Dumfries — having had produced to me with a Petition at the instance of (3) John Bell Inspector of Poor Moffat Certificates under the hands of John Dickson — and James Gilchrist — — — — , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Aitchison Shepherd Moffat A pauper and that the said John Aitchison — — — — 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 Aitchison — as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Aitchison — which accompanied the said Petition.

(SIGNED) J. Jn. P. Trotter

DATED this Twenty third day of May — one thousand eight hundred and Sixty one 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.

8655
Glen Osbaldiston
23/5/61

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) Steward *of the* (2) Stewartry 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 Alexander Burnie A Pauper on the Parish 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 Alexander Burnie to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) John Watson

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

DATED this 22d. (3) day of May one thousand eight hundred and Sixty One

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,	Alexander Burnie.
Sex and Age,	Male — 20 years.
Married, Single, or Widowed,	Single.
Condition of Life, and previous Occupation (if any),	Farm Servant & Agricultural Labourer
Religious Persuasion, so far as known,	Church of Scotland.
Previous Place of Abode,	Twynholm Village.
Place where Found and Examined,	Do.
Length of time Insane,	Upwards of a year.
Whether first Attack,	No. — Second. Rather never Recovered from first.
Age (if known) on first Attack,	19 years.
When and where previously under Examination and Treatment,	Twynholm Village and Southern Counties Asylum.
Duration of existing Attack,	Upwards of a year.
Supposed Cause,	not Known
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,	Twynholm
Christian Name 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,	Alexander Burnie — Father, Twynholm Village. Insanity in Family 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.

(SIGNED)* Name, John Watson

DATED this 22d. day of May one thousand eight hundred and Sixty One.

* 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, A M^c Shand M.D.
being a (1) Fellow of Royal Colley 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) Burnfoot Villey in the Coun
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Alexander Burnie Pauper
and
the said Alexander Burnie 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. :—

1. Facts indicating Insanity observed by myself: (6)
Refusing most positive obstinate absolute refusal
I enquired with him, & unwilling as to look
& the face. Is conscious & a Memory he
readily responds can't walk with him

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Stated by M^r Watson Inspector that he was father
of the Asylum by his father against the advice of the
Medical Officers and that they consider him more
person likely to
Father are now afraid of him
especially at night Cant be kept
as violence
temper is worse.

(SIGNED) Name and Medical Designation, A M^c Shand M.D. F.R.C.
Place of Abode, Kirkcudbright

DATED this 22nd day of May One thousand eight hundred and sixty one.

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 L Shand M.D. & Surgeon of Lothian
being a (1) Medical Practitioner
and being in actual practice as a (2) Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Burnfoot Villey in the Coun
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Alexander Burnie a Pauper
an
the said Alexander Burnie is a (5) Person of
unsound 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)
All the his answers, questions readily & in the most part Correct
yet he acts with a hesitation & evident unwillingness, as being as if
under constraint by them, gives his answers — has a quick pulse, flushed face
& countenance indicative of Mental disease

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
By his Father & Mother that he is of a violent temper, easily provoked
& threatens violence, particularly to his Mother — by M^r Watson
he was removed from the Asylum at the urgent request of his Parents
chiefly for Father & Contrary to the opinion of the Physicians of the Asylum

(SIGNED) Name and Medical Designation, John L Shand M.D. & Surgeon
Place of Abode Burnfoot Villey Kirkcudbright

DATED this 22nd day of May one thousand eight hundred and sixty one

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 Lyncenth Dunbar (1) Steward Substitute
of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) John Watson Inspector of Poor of the Parish of Twynholm
Certificates under the hands of John Shand & John Sanders Shand
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) Alexander Burnie a Pauper Alexander Burnie 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 Alexander Burnie 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 Alexander Burnie, which accompanied the said Petition.

(SIGNED) W. L. Dunbar

DATED this 22nd day of May one thousand eight hundred and Sixty One

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

854
Alexander Morrison
28/5/61

CRICH

FOR THE SHIRES

His Grace the Duke
The Right Hon. the
The Right Hon. the
The Lord-Lieuten

James Gilchrist,
Dr Samuel Gilchr
Mrs Hemmens, Ma

Patients will be re
following documents :—A
Medical Officer, Dr Gilchr
obligation from the Inspec
clothes and bedding, and t

All applications for
time may be given for ever
be received between 8 A.M.

The board must, in
May), Lammas (1st August
orders, a full quarter's boar
be no return nor repayment
by the Medical or any othe

Visitors will be perm
o'clock, on presenting an
and they are strictly prohib
the Resident Medical Offic
examination with them, if o
converse with them in pres
friend, or guardian can be
without the knowledge and

Patients are not allow
usually given as an encour

Patients when admi
being retained until dismis
recovered are discharged w
is required to communicate
any Patient ; should they
the notice, the rate of boar
or parish at their expense.

A fortnight's notice
Resident Medical Officer.

The Patients will be
the Resident Medical Offic
inspected, almost every hou
the Institution will be usual
is so far as is consistent wi
care they are entrusted to

Alleyn's Counties Asylum
23/6/61

CRICHTON ROYAL INSTITUTION.

Junior Department.

SOUTHERN COUNTIES' ASYLUM,

FOR THE SHIRES OF DUMFRIES AND WIGTOWN, AND STEWARTRY OF KIRKCUDBRIGHT.

Trustees.

Mrs CRICHTON of Friars' Carse.
Lieut.-Colonel GRIERSON of Barnbennoch.
J. MACALPINE LENY, Esq. of Dalswinton.

Extraordinary Trustees.

His Grace the Duke of Buccleuch.
The Right Hon. the Earl of Galloway.
The Right Hon. the Earl of Selkirk.
The Lord-Lieutenant of the Shire of Dumfries.
The Member for the County of Dumfries.
The Sheriff of the Shire of Dumfries.
The Minister of St. Michael's Church, Dumfries.

Directors.

Thomas Steuart Gladstone, Esq. of Capenoch.
James Hotchkis, Esq., Ladyfield.
Major George G. Walker of Crawfordton.
John Gilchrist Clark, Esq. of Speddoch.
Adam Skirving, Esq. of Croyes.

Officers.

James Gilchrist, M.D., Resident Physician.
Dr Samuel Greirson, Medical Assistant.
Mrs Hearder, Matron.
And. Henderson, House Steward.
John M'Cherie, Superintendent.

R. Adamson, Esq., } Treasurers.
S. Adamson, Esq., }

Rev. G. Cowans, Chaplain.

Patients will be received on presenting or transmitting at the time of, or previous to, their admission, the following documents:—A written application from the nearest of kin, guardians, or Inspector of Poor, to the Resident Medical Officer, Dr Gilchrist; certificates of lunacy and a warrant from the Sheriff, as required by law; also an obligation from the Inspector of Poor, or other satisfactory Obligant, to pay the board of Patients, which includes clothes and bedding, and to comply with all rules and regulations as to their removal and burial.

All applications for admission should be forwarded at least three days before the arrival of the Patient, that time may be given for correspondence, and that due preparation may be made for his or her reception. Patients will be received between 8 A.M. and 8 P.M. upon every lawful day.

The board must, in all cases, be paid to the Treasurer in advance, quarterly, at the terms of Whitsunday (15th May), Lammas (1st August), Martinmas (11th November), and Candlemas (2d February); and when the Patient first enters, a full quarter's board, and the proportion of the quarter current at the time, will be required; and there will be no return nor repayment of the board so advanced. It shall include charges of all kinds: no fees being exigible by the Medical or any other Officers on admission or discharge, or at any other time, or upon any pretext whatever.

Visitors will be permitted to see all parts of the House on Wednesdays, between the hours of ten and twelve o'clock, on presenting an order, signed by a Trustee, Director, or one of the Medical Officers, but at no other time; and they are strictly prohibited from seeing or mingling with Patients of any class, without the express sanction of the Resident Medical Officer. The friends or guardians of Patients will be permitted to have free and private communication with them, if convalescent, between ten and twelve o'clock every lawful day; and, in all cases, to see and converse with them in presence of an officer, should such intercourse be considered safe or salutary; but no visitor, friend, or guardian can be allowed to convey to the Patients any article of food or dress, books, newspapers, &c., without the knowledge and approbation of the Resident Medical Officer.

Patients are not allowed to have a right to any remuneration for their labour; but small rewards will be occasionally given as an encouragement during residence, or a provision on dismissal.

Patients when admitted will be provided with all articles of clothing by the Institution; their own clothes being retained until dismissal or death, when they will be returned to the friends or guardians. Patients when recovered are discharged on the representation of the Resident Medical Officer to the Trustees and Directors, but he is required to communicate with the persons by whom the obligation for board, &c., is signed, before the dismissal of any Patient; should they neglect or refuse to comply with the request for a week after the time fixed for removal in the notice, the rate of board for which they are responsible may be doubled, or the Patient sent to his or her home or parish at their expense.

A fortnight's notice of the intention of friends or guardians to remove a Patient must be forwarded to the Resident Medical Officer.

The Patients will be, under every variety of circumstances, and under every aspect of the malady, visited by the Resident Medical Officer, Matron, and Medical Assistant, always once or twice a-day, and in general they will be inspected, almost every hour, by these or the other Officers. The grand principles of moral treatment upon which the Institution will be conducted are justice, kindness, and occupation; and, by the application of these, the Patients, in so far as is consistent with their condition, will be induced to regard the Asylum as a home, and those to whose care they are entrusted as friends and companions.

Answers to the following Queries are solicited in all cases, if possible, from the MEDICAL ATTENDANT :—

QUERIES.	ANSWERS.
1. Name, age, condition, occupation, disposition, amount of education, and general deportment of the Patient.	Alexander Burnie - 20 years - Single Dyer [illegible] well disposed, poor education very [illegible]
2. What is the cause, predisposing and exciting, moral or physical; and what circumstances may have predisposed to, aggravated, or confirmed the disease?	
3. Before the incursion of the disease, were there observed any unusual depression or elevation of spirits, any marked alterations in the functions of the body, or in the temper, opinions, conduct, sleep, &c.?	Depression — no Reason?
4. Has the Patient been subject to epilepsy, or other convulsive affections, previous to or during the existence of insanity; and for what other diseases or accidents has medical or surgical treatment been at any time required?	No
5. What have been, and are, the prominent symptoms of the malady? has any obvious change in its form occurred; and does it appear to be increasing, declining, or stationary?	Occasional fits of violence
6. Mention the present state of the external senses; of the appetite, digestion, and evacuations; of the pulse, respiration; and of all other functions, so far as they can be ascertained.	Generally Normal - pulse rather quick.
7. Is this the first attack, or a relapse? by what peculiarity of constitution or manner was it ushered in—if a relapse, of what duration was the lucid interval? and what has been the number of previous attacks?	A Continuation of first attack
8. What have been, and are, the delusions, habits, peculiarities, and pursuits of the Patient, during the night as well as the day, since the invasion of insanity?	
9. Does the Patient manifest any disposition to commit suicide? has he made any attempt to do so, and by what means?	
10. Does the Patient manifest any disposition to injure other persons or property—to cherish any malicious design—or is the morbid train of thought excited by any particular subject or event?	No. Threatens his Parents
11. Is the Patient or his relatives subject to any hereditary, nervous, or periodical disease, and what? or have they manifested any peculiarity, eccentricity, or prominent propensity, or tendency to crime?	
12. What treatment has been resorted to, for what length of time, and with what success?	Been in Chiefly Institution - I think improved by it.
13. How long has the Patient been insane? or has he ever been in any public asylum or private mad-house?	Upwards of a year 11 mon in Aberdeen Institution

[illegible] R.C.A.P.

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 or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) of Dumfries *of the* (*) *and his Substitutes,*—

The Petition of Inspector of Poor Parish of Middleton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Grant Whitelaw is at present in a state of Mental Derangement, and 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 Grant to the Crichton Institution and to sanction admission into the said Asylum.

(SIGNED) Inspector of Poor Middleton

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

DATED this thirty first (*) day of May One thousand eight hundred and sixty two

---

STATEMENT.

If any 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 Grant
2. Sex and Age, ... male age 43 years
3. Married, Single, or Widowed, . . Married
4. Condition of Life, and previous Occupation (if any), ... Agricultural Labourer
5. Religious Persuasion, so far as known, . Member of Establishment Church
6. Previous Place of Abode, . . . Whitelaw Mansion
7. Place where Found and Examined, . Eight Years
8. Length of time Insane, . . . Fatuous
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, . . Dungeon system
13. Supposed Cause, ... No
14. Whether subject to Epilepsy, . . No
15. Whether Suicidal, ... at Threatens
16. Whether Dangerous to others, . . Middleton
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, . . . 31st May 1862
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, ... Mary Wright Wife
20. Special circumstances (if any) preventing the insertion of any of the above particulars, ... None known Threave

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

(SIGNED)* Name, Inspector of Poor Middleton

DATED this thirty first day of May One thousand eight hundred and sixty two

* 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, James Rae Anderson being a (1) M.D. & Licentiate of the Faculty of Physicians & Surgeons 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) Whitehaven in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) David Stuart Resident at Whyteles and that the said David Stuart is a (5) insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

At times Great depression of spirits and more Recently Homicidal mania himself a demon and that he has committed some horrible crime &c. That he has killed his wife and child

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

his wife. (may 8th) admits that he has at times violent fits and that he cannot manage him

(SIGNED) *Name and Medical Designation,* J R Anderson M.D.

Place of Abode, Wakefield

DATED this 30th day of May One thousand eight hundred and Sixty one

---

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 Young being a (1) Licentiate of the Royal College of Surgeons Edin^r and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Ecclefechan Parish of Hoddam in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) David Stuart Pauper and that the said David Stuart is a (5) person of unsound 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) Carnal delirium and great depression of spirits

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

(SIGNED) *Name and Medical Designation,* William Young. Surgeon

Place of Abode, Ecclefechan

DATED this Thirty first day of May One thousand eight hundred and sixty one

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 Pelcaim Scott Sheriff Substitute
of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Christopher Berthwick Inspector of Poor Middlebie Certificates under the hands of James Mac anderson and William Young, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Swan a pauper from Whitelees and that the said David Swan is a person of unsound mind and an insane person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Swan as a Patient into the (5) Public Asylum of Southern Counties 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 David Swan which accompanied the said Petition.

(SIGNED) John P Scott

DATED this 31st day of May One thousand eight hundred and sixty one

To the Superintendent of the (6) Public
Asylum of Southern Counties Dumfries

(2) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(3) State whether a County or Stewartry.
(4) Insert Name and Designation.
(5) Describe him, and if a Pauper, state so.
(6) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(7) Public, District, or Private.
(8) Public, District, or Private.

Edward Edwards
St Peter Bradford

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) Shire of Kirkcudbright and his Substitutes,—

The Petition of William Dowrie Inspector of poor of the parish of Glasserton.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Mc Alister is at present in a state of Mental Derangement, and 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 Mc Alister to the Crichton Royal Institution, Dumfries and to sanction her admission into the said Asylum.

(SIGNED) William Dowrie, Inspector.

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

DATED this thirty first (3) day of May One thousand eight hundred and sixty one years.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Margaret Mc Alister.
2. Sex and Age,	Female - 46 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,	Church of Scotland.
6. Previous Place of Abode,	Whithorn.
7. Place where Found and Examined,	Whithorn.
8. Length of time Insane,	14 days.
9. Whether first attack,	Second.
10. Age (if known) on first Attack,	45 years.
11. When and where previously under Examination and Treatment,	Whithorn.
12. Duration of existing Attack,	14 days.
13. Supposed Cause,	Abrupt & unexpected news of her mother's death.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	Uncertain.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Glasserton.
18. Date of becoming Chargeable,	10 July, 1860.
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,	James Vernon Whithorn, Son, No other member of the 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.

(SIGNED)* Name, William Dowrie, Insp.

DATED this thirty first day of May One thousand eight hundred and sixty one years.

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Dunbar White
being a (1) Graduate in Medicine of Edenburgh College, and a Licentiate of the Royal College of Surgeons, Edenburgh
and being in actual practice as a (2) Physician and Surgeon in Whithorn
hereby certify, on soul and conscience, that I have this day, at (3) the house of her Son in the main Street of the Burgh of Whithorn in the County of Wigton separately from any other Medical Practitioner, visited and personally examined (4) Margaret Mc Alister a Pauper at present residing in the house of her Son in the said Burgh of Whithorn and that the said Margaret Mc Alister is a (5) person of unsound 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 hates some of her friends, and entertains the delusion that she has been persecuted, deprived of her rights, and subjected to Poisoning by two of the families whom she has served – also that the Head Son of those families killed her father – also the Revenue of Great wealth, has plenty of Money, Rags, Carriages &c &c about to dispose of some Estate and Tenement – also that she has the word 6 many times – also that she and her Son were sent to Dumfries to be executed –

2. Other facts (if any) indicating Insanity communicated to me by others: (7) From her Son in law and his Sister I learn that she imagines the Heavy Voices when there is no sound to be heard, and sees Fires and Stones when none are there – that her friends put Poison in her food & drink – that the Devil appears to her every night comes to life again – that she has food underground which no body knows of except herself – that her Son belongs to her – that Whithorn belongs to her – Sometimes that she is Queen Victoria – She is Sometimes Mother, Daughter and disposed to wander about, Mrs Mc Fielder –

(SIGNED) Name and Medical Designation, Dunbar White M.D.

Place of Abode, Whithorn

DATED this 30th day of May One thousand eight hundred and Sixty one

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

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

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

(4) *Insert 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, Alex[r] Mc Millan
being a (1) Licentiate of the Royal College of Surgeons Edin[r]
and being in actual practice as a (2) Surgeon in Whithorn
hereby certify, on soul and conscience, that I have this day, at (3) the House of her Son in the main Street of the Borough of Whithorn in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Margaret Mc Alister a Pauper at residing in the House of her Son in the said Burgh and that the said Margaret Mc Alister is a (5) Person of unsound 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) Entertains the delusion her late Master Mr Hardie attempted to poison her and able and disposed to wander about in the Fields

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her Son tells me that she imagines her Freinds a bined against her and intend to poison her and the less that they cannot manage her

(SIGNED) Name and Medical Designation, Alex[r] Mc Millan Surgeon

Place of Abode, Whithorn

DATED this 30th day of May One thousand eight hundred and 61

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

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

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

(4) *Insert 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 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, Macduff Rhind Esqre Sheriff Substitute (2)
of the (3) County of Wigtown
having had produced to me, with a Petition at the instance of (4) William Downie Inspector of Poor of the Parish of Glasserton
Certificates under the hands of Dunbar white M. D.
and Alexander Mc Millan 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 (5)
Margaret Mc Alister Pauper and that the said
Margaret Mc. Alister 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 Margaret Mc. Alister as a Patient into the (7) Crichton 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 Margaret Mc. Alister which accompanied the said Petition.

(SIGNED) M. Rhind

DATED this thirty first day of May One thousand eight hundred and sixty one

To the Superintendent of the (8) Crichton Asylum of Dumfries. 3

---

(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.

Margaret McAlister
1st June 1861

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) County of Dumfries *and his Substitutes.*

The Petition of Robert O Christian

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Catherine Anne Christian Spinster is at present in a state of Mental Derangement, and 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 Anne Christian to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(SIGNED) Robert Alex Christian.

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

DATED this Seventh (3) day of June one thousand eight hundred and Eighty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Catherine Anne Christian
2. Sex and Age,	Female 54
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Spinstress woman
5. Religious Persuasion, so far as known,	Episcopal Church
6. Previous Place of Abode,	Isle of Man
7. Place where Found and Examined,	
8. Length of time Insane,	Thirteen Years
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	41
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	13 Years
13. Supposed Cause,	Loss of Fortune
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Robert O Christian Esq Brother Ramsey Isle of Man None
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(SIGNED)* *Name,* Robt Alex Christian

DATED this Seventh day of June one thousand eight hundred and Eighty one

* 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, John Henry Wilson being a (1) Licentiate of the Royal College of Physicians of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) The Brook Villa West Derby Lancashire separately from any other Medical Practitioner visited and personally examined (4) Catherine Marie Christian of The Brook Villa West Derby and the said Catherine Marie Christian is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She has an hallucination that somebody, specially at the present time she is ill, but then is great difficulty in getting her to undress herself she will sit for hours together without doing anything is raving all the time

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The nurse has been here now informs me that she will do anything for herself she requires to be fed dressed undressed frequently was screaming during last night

(SIGNED) *Name and Medical Designation,* John Wilson Physician

Place of Abode, The Brook Villa West Derby Liverpool

DATED this first day of June One thousand eight hundred and sixty one

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 Birkbeck Nevins being a (1) M.D. of the University of London and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) The Brook Villa West Derby Lancashire separately from any other Medical Practitioner visited and personally examined (4) Catherine Marie Christian a patient at The Brook Villa aforesaid and the said Catherine Marie Christian is a (5) person of unsound 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) Imbecile helpless expression of face, scarcely able to repeat few words. Unable to answer rational any questions as to her family or name. or a common occurrences of the days except under great prompting and then

2. Other facts (if any) indicating Insanity communicated to me by others. (7) By Mr. Owen the Proprietor and Superintendent of The Brook Villa. General imbecility of mind - Inability for days together to perform common duties of life. to perform her toilet or to feed herself.

(SIGNED) *Name and Medical Designation,* John Birkbeck Nevins M.D.

Place of Abode, 25 Rodney Street Liverpool

DATED this 3rd day of June one thousand eight hundred and sixty one

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in case 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 Pitcairn Wolfe Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert C. Christian Certificates under the hands of John Henry Wilson and John Parkhurst Nevins, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Lunice Christian and that the said Catherine Lunice Christian 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 Catherine Lunice Christian as a Patient into the (5) Public Asylum of Crichton Royal Institution and I authorise you Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Catherine Lunice Christian which accompanied the said Petition.

(SIGNED) John P. Wolfe

DATED this sixth day of June one thousand eight hundred and sixty one

To the Superintendent of the (6) Public
Asylum of Crichton 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, or Private.
(7) Public, District, or Private.

Reg
Phil C. H. Christian
5/16/61

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

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

(a) Sheriff or Steward.
(b) Shire or Stewartry.

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

The Petition of Colin Mackenzie of number 12 St Andrew's place Edinburgh — and mates & habitation humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Johnstone Douglas Esq intimate & of the family is at present in a state of Mental Derangement, and 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 Johnstone Douglas Esq to the Dumfries Royal Asylum and to sanction his admission into the said Asylum.

M.

(Signed) Colin Mackenzie

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

Dated this fifth (3) day of June one thousand eight hundred and sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Robert Johnstone Douglas Esquire
2. Sex and Age,	Male. Aged forty seven years
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Gentleman.
5. Religious Persuasion, so far as known,	Episcopalian
6. Previous Place of Abode,	Lockerbie.
7. Place where Found and Examined,	28 Blenheim Terrace Scarborough.
8. Length of time Insane,	About two years
9. Whether first Attack,	Yes.
10. Age (if known) on first Attack,	About forty five years.
11. When and where previously under Examination and Treatment,	Edinburgh and Ben Rhydding.
12. Duration of existing Attack,	About two years.
13. Supposed Cause,	Mental Anxiety
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Doubtful.
16. Whether Dangerous to others,	Ditto
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	The Right Honorable Lady Jane M. M. Johnstone Douglas, his wife. 28 Blenheim Terrace Scarborough.
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,* Colin Mackenzie

Dated this ~~first~~ second day of June one thousand eight hundred and sixty one

M2

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1250.

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.

(6) *State the facts.*

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

I, the undersigned, Henry Wright of Scarborough being a (1) Member of the Royal College of Surgeons & Licentiate of the Society of Apothecaries &c and being in actual practice as a (2) Surgeon & General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) No. 28 Blenheim Terrace Scarborough in the County of York separately from any other Medical Practitioner visited and personally examined (4) Robert Johnston Douglas of Lockerbie and the said Robert Johnston Douglas is a (5) person of unsound 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)
Mental excitement; constant delusions & incoherent conversation. Fancies himself married to the Queen & is in communication with angels

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

(Signed) *Name and Medical Designation,* Henry Wright Surg

Place of Abode, 5 Queen St. Scarborough

Dated this 21st day of June One thousand eight hundred and sixty one.

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 Duke Dale of Scarborough being a (1) Member of the Royal College of Surgeons of England & Licentiate of the Society of Apothecaries and Surgeon & General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) 20 Blenheim Terrace in the County of York separately from any other Medical Practitioner visited and personally examined (4) Robert Johnston Douglas of Lockerbie and the said Robert Johnston Douglas is a (5) person of unsound 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) Suppose him to be labouring under Religious Delusions, & that he is in telepathic communication with the angels in Heaven who have a number of devils — Memory &c

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

(Signed) *Name and Medical Designation,* George Dale

Place of Abode, Falsgrave House

Dated this 21st day of June one thousand eight hundred and sixty one

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 Robt Johnstone Douglas is a (1) person of unsound mind hereby further certify that the Case of the said Robt Johnstone Douglas is One of Emergency, and I recommend the immediate removal of the said Robt Johnstone Douglas to an Asylum accordingly.

Name, Henry Wright

Place of Abode, Seaforth

DATED this fifth day of June one thousand eight hundred and sixty one

(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 Pearson Trotter Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Colin MacKenzie Certificates under the hands of Henry Wright and George Dale, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Johnstone Douglas of Lochanbie and that the said Robert Johnstone Douglas 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 Johnstone Douglas as a Patient into the (6) Public Asylum of Crichton Royal Institution, and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Johnstone Douglas which accompanied the said Petition.

Petition, dated 6 June 1861, upon which I granted the Warrant to the Petitioner to have the Lunatic taken to his home, and the Certificate of the Medical Men in terms of the Statute.
John P Trotter

(SIGNED) John P Trotter

DATED this Sixth day of June one thousand eight hundred and Sixty one

To the Superintendent of the (7) Public *Asylum of* Crichton 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, or Private.
(7) Public, District, or Private.

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

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

riff or Steward. or Stewartry.

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

The Petition of Miss Elyabeth Donald, Tenant Greenock humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Gemmell Donald is at present in a state of Mental Derangement, and 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 Gemmell Donald to the Crichton Institution Dumfries and to sanction his admission into the said Asylum.

(SIGNED) E Donald,

no date of the must be within ven clear days r the dates of dical Certifi-

DATED this fifth (3) day of June one thousand eight hundred and sixty one years.

STATEMENT.

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

stian Name and Surname of Patient at length,	James Gemmell Donald
and Age,	Male 42
ried, Single, or Widowed,	Single
dition of Life, and previous Occupation (if any),	Works Merchants in Greenock
gious Persuasion, so far as known,	Protestant
ious Place of Abode,	Greenock
e where Found and Examined,	Paisley
gth of time Insane,	Ten days at least
ther first Attack,	No
(if known) on first Attack,	38
n and where previously under Examination and Treatment,	
tion of existing Attack,	
osed Cause,	Drink & Debauchery
ther subject to Epilepsy,	no
ther Suicidal,	no
ther Dangerous to others,	Yes
h or Union to which the Lunatic (if a pauper) is Chargeable,	
stian Name and Surname, and Place of bode of nearest known Relative of the tient, and degree of Relationship (if known), and whether any Member of his mily known to be or to have been Insane,	Elyabeth Donald Renfrew Greenock Sister
al circumstances (if any) preventing the ertion of any of the above particulars,	

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

(SIGNED)* *Name,* E Donald

ED this Fifth day of June one thousand eight hundred and sixty one

* 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, Walter Boyd McKinlay being a (1) Doctor of Medicine of Glasgow Univers[ity] Fellow of the Royal College of Surgeons Edinbu[rgh] and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 7 Neil [illegible] Street Paisley in the C[ounty of] Renfrew separately from any other Medical Pra[ctitioner] visited and personally examined (4) James Gemmell Don[ald] residing in Greenock the said James Gemmell Donald 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.:—

1. Facts indicating Insanity observed by myself: (6) Restless and uneasy expression of face, and complains that people are calling to him regarding his state at night and day, preventing him from sleeping, and annoying him.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His Sister states that he has several times threatened her life.

(SIGNED) *Name and Medical Designation,* W B McKinlay M.B. C.M.

Place of Abode, Paisley

DATED this Fifth day of June One thousand 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.

(6) *State the facts.*

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

I, the undersigned, Daniel Richmond being a (1) Graduate of the University of Glas[gow] and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Police Chambers at Paisley in the Co[unty of] Renfrew separately from any other Medical Practi[tioner] visited and personally examined (4) Mr James Gemmel Don[ald] of Greenock the said James Gemmel Donald is a (5) Person unsound mind and a proper person to be d[etained] under Care and Treatment, and that I have formed this opinion upon the fo[llowing] grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
He believes in imaginary voices
He speaks of doing imaginary things such as
things of stone walls
He speaks of shooting persons whom he fan[cies]
against him

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

(SIGNED) *Name and Medical Designation,* Daniel Richmond

Place of Abode Paisley

DATED this Fifth day of June one thousand hundred and Eighty one years

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 Dunn Esquire (1) Sheriff Substitute
of the (2) County of Renfrew
having had produced to me, with a Petition at the instance of (3) Miss Elizabeth Donald Smart Greenock
Certificates under the hands of Daniel Richmond M.D. Paisley
and Walter Boyd McKinlay M.D. 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)
James Gemmell Donald and that the said
James Gemmell Donald 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 Gemmell Donald as a Patient into the (6) Public 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 Gemmell Donald which accompanied the said Petition.

(SIGNED) John Dunn

DATED this fifth day of June — one thousand eight hundred and sixty one

To the Superintendent of the (7)
Public 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.

Sept
Thomas Brownell Arnold
6/6/01
3

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 and of Kirkcudbright of (2) Wigton *and his Substitutes,—*

The Petition of Elizabeth Charters

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Napier Charters in Castledouglas 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 Charters to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(Signed) Elizabeth Charters

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

Dated this fourth (3) day of June one thousand eight hundred and sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	John Napier Charters
2. Sex and Age,	Male. 54.
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Coachman
5. Religious Persuasion, so far as known,	Free Church
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	Castledouglas
8. Length of time Insane,	
9. Whether first Attack,	Yes.
10. Age (if known) on first Attack,	52.
11. When and where previously under Examination and Treatment,	Crichton Institution Feby 1859.
12. Duration of existing Attack,	1 year
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,	Dumfries
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Elizabeth Charters his wife Castle Douglas. None of his friend are insane.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(Signed)* *Name,* Elizabeth Charters

Dated this fourth day of June 1861 one thousand eight hundred and

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1200.

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 Laidlaw
being a (1) Licentiate of the Royal College of Surgeons in Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Cotton St
Castle Douglas
Kirkcudbright in the County
separately from any other Medical Practitioner
visited and personally examined (4) John N. Chartres
and th
the said John N. Chartres is a (5) person
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.:—

1. Facts indicating Insanity observed by myself: (6) Labours under
delusions – a prominent one being – that he ha
supernatural revelations – that the Supreme Be
to him in a bodily form – angels also conversed

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Porteous, a respectable states that he is
movement – many of his statements, has an incr
aversion to children fond of stoning children in the

(SIGNED) *Name and Medical Designation,* James Laidlaw, L

Place of Abode, Castle Douglas

DATED this thirty first day of May One thousand eig
hundred and sixty one.

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, Patrick Anderson
being a (1) Licentiate of the Royal College of Surgeons in Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Cotton St
Castle Douglas
Kirkcudbright in the County
separately from any other Medical Practitioner
visited and personally examined (4) John N. Chartres
and tha
the said John N. Chartres is a (5) person of
unsound 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) Labours under a
variety of delusions – he detailed to me to day the his
of the Black Cats which accompany him everywhere, one
sitting on the crown of his head, another about finding
book – &c &c –

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
his wife and mother state that the above
similar delusions form the constant subjects of his

(SIGNED) *Name and Medical Designation,* Patk. Anderson L.R.C.

Place of Abode, Castle Douglas

DATED this Second day of June one thousand eight
hundred and Sixty one

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 Mackenzie Dunbar Esquire (1) Steward Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Elizabeth Charters residing in Castle Douglas Certificates under the hands of James Paulaw and Patrick Anderson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John M. Charters and that the said John M. Charters 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 M. Charters as a Patient into the (6) Dumfries & Galloway Asylum of Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John M. Charters which accompanied the said Petition.

(SIGNED) W. M. Dunbar

DATED this fifth day of June one thousand eight hundred and Sixty nine years

To the Superintendent of the (7) Dumfries & Galloway 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.

Ann Napier (Patient)
of June 1861

Ann Napier Admission
6/6/61

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) Lanarkshire *and his Substitutes,—*

The Petition of George Osborne Inspector of Poor of the County of Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jean Hamilton, Sanquhar, is at present in a state of Mental Derangement, and 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 Hamilton to the Southern Counties Asylum, Dumfries and to sanction her admission into the said Asylum.

(Signed) Geo. Osborne. Inspector of Poor Sanquhar

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

Dated this Fourth (1) day of June one thousand eight hundred and Sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Jean or Jane Hamilton
2. Sex and Age,	Female, Aged 45 years.
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Sews White Seam &c.
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Thornhill
7. Place where Found and Examined,	Sanquhar
8. Length of time Insane,	Her friends have considered her Insane for 5 or 6 Weeks.
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	Twenty Six or 27 years.
11. When and where previously under Examination and Treatment,	Once previously in the S. C. Asylum 23 yrs.
12. Duration of existing Attack,	For a Six Weeks
13. Supposed Cause,	Concern about the State of her Soul
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,	Sanquhar
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,	Alexander Hamilton 7 Dorothie place Edinburgh Husband, and Grace Hamilton, Sanquhar her daughter
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

(Signed)* *Name,* George Osborne Inspector of Poor, Sanquhar

Dated this Fourth day of June one thousand eight hundred and Sixty one

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1260.

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 Surgeon Sanquhar being a (1) Licentiate of the Faculty of Physicians of Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) High St Sanquhar in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Widow, Jane Hamilton Sanquhar a Pauper and the said Jane Hamilton is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 much excited and talks a good deal in a morning - says she has such a sinful person that she is blind sees and feels evil spirits dragging her down to

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Neighbour says that she rents none, she has a great desire to commit suicide - and has taken a hatred to her daughter cannot see she can be her Mother.

(SIGNED) *Name and Medical Designation,* Wm Kay Surgeon

Place of Abode, Sanquhar

DATED this Fourth day of June One thousand eight hundred and Sixty One.

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 Forsyth M.D. Sanquhar 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) High Street Sanquhar in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Widow Jane Hamilton Sanquhar a Pauper and that the said Jane Hamilton 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She says she has such a wicked creature that should commit to destruction she cannot keep from committing suicide, wishes to be away because to that she may not pollute others. full evil spirits or will her down to destruction

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7) Grace Hamilton says her Mother has to be Carefully watched lest she should injure herself.

(SIGNED) *Name and Medical Designation,* Robert Forsyth M.D.

Place of Abode, Sanquhar

DATED this Fourth day of June one thousand eight hundred and Sixty One

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 Pelcairn Hotter, Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) George Osborne Inspector of Poor Sanquhar Certificates under the hands of William Kay and Robert 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) Jane Hamilton a pauper from Sanquhar and that the said Jane Hamilton is a (5) Lunatic & person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Jane Hamilton as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Hamilton which accompanied the said Petition.

(Signed) John P Hotter

Dated this 5th day of June one thousand eight hundred and forty one

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.

859 -
Geo. Hamilton
8/6/61

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) County of Dumfries *and his Substitutes,—*

The Petition of Alex Ferguson, Insp. of Drysdale humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Johnstone a Surgeon in Lockerbie is at present in a state of Mental Derangement, and 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 Johnstone to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) Alex Ferguson, Insp.

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

DATED this Fourteenth (3) day of June One thousand eight hundred and Sixty one 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 Johnstone
2. Sex and Age,	Male — 33 Years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Surgeon
5. Religious Persuasion, so far as known,	Friends are Free Church
6. Previous Place of Abode,	Lockerbie
7. Place where Found and Examined,	Lockerbie
8. Length of time Insane,	24 Hours
9. Whether first attack,	No
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	In Southern Counties Asylum about two years ago
12. Duration of existing Attack,	24 Hours
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	Not known
15. Whether Suicidal,	Not known
16. Whether Dangerous to others,	Extremely
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Drysdale
18. Date of becoming Chargeable,	14th June 1861
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,	Ellen Johnstone his sister also Mrs Bell residing in Lockerbie another sister. The sister Ellen is an imbecile
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.

(SIGNED)* *Name,* Alex Ferguson, Insp

DATED this 14th day of June One thousand eight hundred and 61.

* 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, Geo C Wilson,
being a (1) Lic of the Faculty of Physicians & Surgeons of Glasgow & Registered as such
and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) The Police Station
Lockerbie in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Robt Johnstone Surgeon, Townhead, Lockerbie, pursued to become a pauper and that
the said Robert Johnstone is a (5) person of unsound mind and a proper person to be detained
under Care and Treatment, 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, Conversation of being insane and that to night he was quite deranged, that he heard spirits speaking to him & that he is no better at present than when he came to the asylum last time

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
He has very much injured two of his sisters and made an attempt upon his brother in law and has done so many foolish things as to satisfy all his relations that he is insane

(SIGNED) *Name and Medical Designation,* George C. Wilson, Surgeon

Place of Abode, Lockerbie

DATED this 13th day of June One thousand eight hundred and 61

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 proper state so.*

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

I, the undersigned James Sibbald M.D
being a (1) Graduate of the University of Edinburgh Physician
and being in actual practice as a (2) Physician 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) Robert Thurston Surgeon Lockerbie and that
the said Robert Thurston is a (5) person of unsound mind and a proper person to be detained
under Care and Treatment, 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 nervous and excitable

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Has not been able to work for a long period has not taken his food regularly for some days Acute Mania

(SIGNED) *Name and Medical Designation,* James Sibbald M.D

Place of Abode, Crichton House Dumfries

DATED this 14th day of June One thousand eight hundred and [illegible]

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 Robert Johnstone, Surgeon is a (1) person of unsound mind Do hereby further certify that the Case of the said Robert Johnstone is One of Emergency, and I recommend the immediate removal of the said Robert Johnstone to an Asylum accordingly.

Name, Geo C Wilson

Place of Abode, Lockerbie

Dated this 13th day of June One thousand eight hundred and 61

(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, of the (2) County of Dumfries (1) having had produced to me, with a Petition at the instance of (3) Alexander Ferguson Inspector of Poor Bryfesdale Certificates under the hands of George C. Wilson and James Mellrish , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Johnstone Surgeon in Lockerbie a pauper and that the said Robert 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 Robert Johnstone as a Patient into the (6) Public Asylum of Southern Counties 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 Robert Johnstone which accompanied the said Petition.

(Signed) John B. Cotter

Dated this 15th day of June One thousand eight hundred and Sixty one

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.

Robert Mc Vicar Esqr
Ill. at Sea 1861

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) ~~Shire~~ of ~~Edinburgh~~ Lieutenancy and his Substitutes,—

The Petition of Charlotte Helen Home residing at Merchiston House Edinburgh humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Home my 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 Home to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(SIGNED) Charlotte H. Home

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

DATED this 11th (3) day of June one thousand eight hundred and sixty one.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	William Home
2. Sex and Age,	Male, 21.-
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Clerk
5. Religious Persuasion, so far as known,	Free Church
6. Previous Place of Abode,	Merchiston House, Edinr
7. Place where Found and Examined,	Millholme Asylum, Musselburgh
8. Length of time Insane,	Eighteen months
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	19-
11. When and where previously under Examination and Treatment,	Millholme, Musselburgh
12. Duration of existing Attack,	Eighteen months
13. Supposed Cause,	Over work
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	If raised, might be
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Charlotte H Home Merchiston House, Mother, Yes his sister
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,* Charlotte H. Home

DATED this 11th day of June one thousand eight hundred and sixty one

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1260.

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 Smith being a (1) Fellow of the Royal College of Physicians and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Millerhill Asylum Musselburgh in the County of Midlothian separately from any other Medical Practitioner visited and personally examined (4) William Horne and that the said William Horne is a (5) person of unsound 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 manner & general appearance & conduct indicate insanity – She is taciturn & moody – at times violent & noisy does nothing but tearing over the leaves of books, which she turns upside down –

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She is very irritable, & breaks out into violence if she is interfered with

(SIGNED) *Name and Medical Designation,* John Smith M.D.

Place of Abode, 20 Charlotte Square

DATED this 12 day of June One thousand eight hundred and Sixty one

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 Wynne Mayne being a (1) Fellow of the Royal College of Physicians of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Millerhill Asylum Musselburgh Mid Lothian in the County of Midlothian separately from any other Medical Practitioner visited and personally examined (4) William Horne and that the said William Horne is a (5) person of unsound 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) Confused incoherent – would work amongst books, papers & clay whilst he makes nothing of it taciturn & sometimes violent when bor

2. Other facts (if any) indicating Insanity communicated to me by others. (7) He breaks into rooms even after locks & (while at home as well as here, has attac his mother and the Keeper on Fryer

(SIGNED) *Name and Medical Designation,* John Wynne Mayne M.D.

Place of Abode, 24 Rutland Street

DATED this 12 day of June one thousand eight hundred and Sixty one

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 Pitcairn Trotter — (2) Sheriff Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (4) Charlotte Home residing at Murchiston House Edinburgh Certificates under the hands of John Smith — and John Young 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 (5) William Home Clerk, Murchiston House Edinburgh and that the said William Home — 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 Home — as a Patient into the (6) Public Asylum of Crichton Royal Institution Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Home — which accompanied the said Petition.

(SIGNED) John P. Trotter

DATED this Fourteenth day of June — one thousand eight hundred and Sixty one years.

To the Superintendent of the (7) Public Asylum of Crichton 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, or Private.
(7) Public, District, or Private.

842
William Horne
14/6/87

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) ~~Steward~~ ~~Sheriff~~ of the (2) ~~Stewartry~~ Wigton and of Kirkcudbright and his Substitutes,—

The Petition of Emilia Annie Gordon.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Samuel Gordon my 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 Samuel Gordon to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(SIGNED) Emilia Annie Gordon.

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

DATED this Fourteenth (3) day of June one thousand eight hundred and Sixty One

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Samuel Gordon
2. Sex and Age,	Male age 33 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Printer & Bookseller
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	He has resided in Castledouglas the greater part of his life—
7. Place where Found and Examined,	
8. Length of time Insane,	Only a few weeks decidedly, he has however been in a depressed hypochondriacal condition for 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,	a few weeks
13. Supposed Cause,	No particular cause known.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	His wife found a razor concealed in bed under his pillow a few days ago—
16. Whether Dangerous to others,	No—
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Emilia Annie Gordon, his Wife Queen Street Castledouglas No—
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,* Emilia Annie Gordon.

DATED this Fourteenth day of June one thousand eight hundred and Sixty One

* 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, Patrick Anderson 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) Castledouglas Queen Street Kirkcudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) Samuel Gordon and that the said Samuel Gordon is a (5) person of unsound 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 believes that his pecuniary affairs is disorder and that his shop has been gone ruine of which cause he has also delusions as to his spiritual condition. He has also delusions as to food, alleging that he was dieth—
2. Other facts (if any) indicating Insanity communicated to me by others: (7) his wife informs me that she has observed the above evidences of insanity

(Signed) *Name and Medical Designation,* Patk. Anderson L.R.C.S.Edin.

Place of Abode, Castledouglas

Dated this Fourteenth day of June One thousand eight hundred and Sixty One

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 Laidlaw being a (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) Queen Street Castle Douglas Kirkcudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) Samuel Gordon and that the said Samuel Gordon is a (5) person of unsound 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) Imagines Believes that he is dead & consequently requires neither food nor medicine, at other times that he is alive, and that he has Sprouted Wood flowing in his veins
2. Other facts (if any) indicating Insanity communicated to me by others. (7) Mrs Gordon his wife tells me that since her husband became ill that he believed that his affairs were wrong & that every one attempted to defraud him

(Signed) *Name and Medical Designation,* James Laidlaw

Place of Abode, Castle Douglas

Dated this Fifteenth day of June one thousand eight hundred and Sixty One

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 Hamish Dunbar Esq. (1) Steward Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Amelia Annie Gordon Certificates under the hands of Patrick Anderson and James Laidlaw, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Gordon, alone designed and that the said Samuel Gordon 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 Samuel Gordon as a Patient into the (6) Crichton Royal Asylum of Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Samuel Gordon which accompanied the said Petition.

(SIGNED) W H Dunbar

DATED this Sixteenth day of June one thousand eight hundred and Sixty one years.

To the Superintendent of the (7) Crichton Royal *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.

P 43

Samuel Bowden Sen

1816/61

1816

I HEREBY GIVE NOT

Pa

and I hereby transm

which he was receiv

Subjoined is a

Patient.

(Signa

Dated at

To the Secretar

Genera

I HAVE this day (*)

and hereby report as

and with respect to

(Sig

DATED this

hundred and

(*) Name and Designati

(†) Private or Pauper.

(‡) Same day within fou

for Order be give

(§) Same day not less th

hour clear days a

(¶) Insert particulars.

(**) Insert particulars.

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.

(SIGNED) _____ *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 (5) seen and personally examined

the Patient named in the above Notice,

and hereby report and certify, with respect to mental state, that (6)

and with respect to bodily health and condition, that (7)

(SIGNED) _____

(8) _____

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.

Alexander Anderson
8th June 1864

(~~Copies.~~)

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 and his Substitutes,—

The Petition of Robert Menzies Armstrong Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Anderson is at present in a state of Mental Derangement, and 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 Anderson to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) R. M. Armstrong

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

DATED this 15th (3) day of June one thousand eight hundred and fifty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Alexander Anderson.
2. Sex and Age,	Male, 22 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,	Established Church
6. Previous Place of Abode,	Langholm
7. Place where Found and Examined,	Do
8. Length of time Insane,	Two weeks.
9. Whether first Attack,	Yes, but symptoms of a slight nature appeared about 18 months ago
10. Age (if known) on first Attack,	Langholm
11. When and where previously under Examination and Treatment,	Two weeks
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,	Langholm
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,	Walter Anderson, Langholm, Father
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	No. none

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

(SIGNED)* Name R. M. Armstrong

DATED this 15th day of June one thousand eight hundred and fifty.

* To be Signed by the Party applying.

(~~Copies.~~)

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 Maxwell Member of the Royal being a (1) Surgeon in actual practice 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) Parkmyre Law Road Law Bridge

in the County of

separately from any other Medical Practitioner,

visited and personally examined (4) Alexander Anderson Labourer Parkmyre Law Bridge

and that

the said Alexander Anderson 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) Imaginary delusions about persons and things & restlessness and disposition to wander.

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

(SIGNED) *Name and Medical Designation,* William Sadgrall Surgeon

Place of Abode, Melby Bank Law Bridge

DATED this 15th day of June One thousand eight hundred and Seventy one

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 Johnston Cardale being a (1) Doctor of Medicine & Surgeon (Edinburgh)

and being in actual practice as a (2) Surgeon

hereby certify, on soul and conscience, that I have this day, at (3) his Parkmyre House Parkmyre Law Bridge

in the County of

separately from any other Medical Practitioner,

visited and personally examined (4) Alexander Anderson, Labourer Parkmyre - Law Bridge

and that

the said Alexander 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) Greatly excited; very restless; labouring under delusion, imagining that people are conspiring to injure him —

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Informed by his father that the patient has been suffering for a few weeks past from delusions

(SIGNED) *Name and Medical Designation,* W. J. Cardale M.D. & Surgeon

Place of Abode Langholm

DATED this 16th day of June one thousand eight hundred and Seventy one

(~~Duplicate~~.)

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 Pitcairn Grotte Sheriff Substitute of the (1) County of Dumfries having had produced to me with a Petition at the instance of (2) Robert Mowcieff Roma Inspector of Poor Langholm Certificates under the hands of William Maxwell and William Johnston Carlyle, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (3) Alexander Anderson Labourer Langholm, a pauper, and that the said Alexander Anderson is a (4) Lunatic Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Alexander Anderson as a Patient into the (5) 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 Alexander Anderson which accompanied the said Petition.

(SIGNED) John P. Grotte

DATED this Seventeenth day of June one thousand eight hundred and sixty one

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.

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.]

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) Steward *of the* (2) Stewartry of Kirkcudbright *and his Substitutes.*—

The Petition of Thomas Bell, Inspector of the Poor of Tongland humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Joan Doak 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 Joan Doak to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) Thomas Bell

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

DATED this Twentieth (3) day of June One thousand eight hundred and Sixty one.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Joan Doak
2. Sex and Age,	Female. 17 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,	—
6. Previous Place of Abode,	Barnollis, Tongland, until Whitsunday last
7. Place where Found and Examined,	She was brought from Shawhill Arnicle on the 19th inst. by her Parish and on the same day taken to Kirkcud.
8. Length of time Insane,	bright and there examined.
9. Whether first attack,	She attempted to commit suicide on 18th inst.
10. Age (if known) on first Attack,	Most probably the first attack.
11. When and where previously under Examination and Treatment,	17 years —
12. Duration of existing Attack,	From 18th inst. so far as known.
13. Supposed Cause,	Not known — She only has years ago labored under a severe attack of fever in the head. for which she received no
14. Whether subject to Epilepsy,	the Constitution by not yet fever.
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	No. Note 2 or 3 fits a year
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	She will most probably fall on Kelton
18. Date of becoming Chargeable,	as the Parish of her birth. —
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,	Catherine Doak, Barnollis, Tongland paternal Grandmother.
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.

(SIGNED)* *Name,* Thomas Bell

DATED this Twentieth day of June One thousand eight hundred and Sixty one.

* 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 Rand. M.D. Ed. Univers
being a (1) Fellow 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) Oakley House
Kirkcudbright —— in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Joan Doak. Farm Servant
Shawhill Parish of Berwick —— and that
the said Joan Doak a 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. Facts indicating Insanity observed by myself: (6)

That she cannot see the sin of attempting suicide
that she regrets not having succeeded, yet states that
she was very kindly treated in Service. She appears
almost wholly ignorant of religious subjects.

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

Mr Bell Inspector of Tongland and a Mrs Gordon
tell's state that the last of them perceived on
visit regret that she had not succeeded.

(SIGNED) *Name and Medical Designation,* John Rand M.D. F.

Place of Abode, Kirkcudbright

DATED this Twentieth day of June One thousand eight hundred and Sixty one

---

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 Sanders Rand
being a (1) M.D of the University of Edinburgh & Member of College of Surg
and being in actual practice as a (2) Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the Residence of John
Close off High Street Burgh of Kirkcudbright in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Joan Doak a Servant at Shawhill
in the Parish of Berwick a pauper and that
the said Joan Doak is a (5) Person of Unsound
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 expression of Countenance particularly the Eyes the pupils of which
are dilated & have little motion; has had laudanum for 3 last days & learned it before
coming & was told even God when made her but knows nothing wrong to him. She is now happy & three days ago resisted that
by drowning, & still would do so & thinks would not be a Crime

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

A Statement of her conversation & the above was made to me by John Pri
his wife, in which house Joan Doak has resided for the two last days

(SIGNED) *Name and Medical Designation,* John S. Rand M.D & Surgeon

Place of Abode, Burgh of Kirkcudbright

DATED this twentieth day of June One thousand eight hundred and Sixty one

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 Hyacinth Dunbar Esq. (1) Steward Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Thomas Bell Inspector of Poor of the parish of Urr Certificates under the hands of John Shand and John Lauder Shand, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Joan Doak a pauper and that the said Joan Doak 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 Joan Doak 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 Joan Doak which accompanied the said Petition.

(SIGNED) W W Dunbar

DATED this twenty first day of June One thousand eight hundred and Sixty three years

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.

Rose Doak
21 Years
Old

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) Shire of Dumfries *and his Substitutes,—*

The Petition of Joseph Welsh Inspector of Poor

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Lavins or Michan 2 High Street Maxwelltown is at present in a state of Mental Derangement, and 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 Lavins or Michan to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(SIGNED) Joseph Welsh Inspector of Poor Irongray

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

DATED this Second (3) day of July — one thousand eight hundred and Sixty one 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 Lavins or Michan.
2. Sex and Age,	Female 42 years.
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Poor circumstances. Field Labourer.
5. Religious Persuasion, so far as known,	Roman Catholic.
6. Previous Place of Abode,	Maxwelltown, Irongray.
7. Place where Found and Examined,	No 2 High Street Maxwelltown
8. Length of time Insane,	Insane for Ills for the last twelve months
9. Whether first Attack,	First attack known of
10. Age (if known) on first Attack,	42 years
11. When and where previously under Examination and Treatment,	He has once House High Street Maxwelltown
12. Duration of existing Attack,	For two or three weeks
13. Supposed Cause,	Danger for the Pope & the Catholic Church
14. Whether subject to Epilepsy,	Not known of.
15. Whether Suicidal,	Not known of.
16. Whether Dangerous to others,	Threatens the lives of his Children and the members of the Free Church
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Irongray
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,	Wm Lavins his father died in the Southern Counties Asylum a pauper belonging to this Parish. Insane
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,* Joseph Welsh Inspector of Poor Irongray

DATED this Second day of July one thousand eight hundred and Sixty one years

* 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.*

I, the undersigned, Patrick Truman being a (1) Graduate of the University of Edin and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 102 High Musselburgh Parliament Land Right in the County separately from any other Medical Practitione visited and personally examined (4) Mary Lennie or Buchan and th the said Mary Lennie or Buchan 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.:—

(4) *Insert 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) Great depression of spirits, states that the Devil Christ has come in connection with the end of Janua to cause the Papal power to cease and the Protestant religion to be established in its stead

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Abuses per family, has night terrors, that she was dreaming about the this morning not to be free

(Signed) *Name and Medical Designation,* P Truman M.D

Place of Abode, Dalkeith

Dated this 22d day of July One thousand eig hundred and 51

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.*

I, the undersigned, Alexander Braithwaite being a (1) Graduate of the University of Edinbu and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 102 High Musselburgh Parliament Land Right in the County separately from any other Medical Practitione visited and personally examined (4) Mary Lennie or Buchan and th the said Mary Lennie or Buchan 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.:—

(4) *Insert 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) Delusions of gr and various delusions about the influence of the Free Church and Garibaldi the power of the Pope & the Roman Catholic

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Collard to be kept down neighbour states she becomes at times very violent & noisy, and th flourished a knife in a threatening manner

(Signed) *Name and Medical Designation,* Alex Braithwaite M.D

Place of Abode, Dalkeith

Dated this 22 day of July one thousand eigh hundred and fifty one

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in case 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 D'Cairn Lorter (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Joseph Welsh Inspector of Poor & Prosecutor Certificates under the hands of Patrick Murray and Alexander Borthwick, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Lawrie or Buchan and that ~~the said~~ She 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 Lawrie or Buchan as a Patient into the (6) Public Asylum of Southern Counties and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Lawrie or Buchan which accompanied the said Petition.

(SIGNED) John D'Cairn Lorter

DATED this 22 day of July one thousand eight hundred and Sixty one

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.

Mary Lavin or Mackey
23 July 1861

Mary Elaine or Helen
2 July 1861

Crichton Institution Dumfries

~~Glasgow~~ Royal ~~Asylum~~ for Lunatics, ~~Gartnavel~~.

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) County of Dumfries and his Substitutes,—

The PETITION of Thomas Stewart residing at No 9 Bernard Street, Leith in the County of Edinburgh humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Stewart, his daughter residing at No 9 Bernard Street Leith aforesaid is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Margaret Stewart to the Crichton Royal Institution for Lunatics at Dumfries and to sanction her admission into the said Asylum.

(SIGNED) Thos Stewart

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

DATED this Third (3) day of July one thousand eight hundred and Sixty one.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Margaret Stewart
2. Sex and Age,	Female - age 36 - say 36
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	no particular occupation
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Leith
7. Place where Found and Examined,	Residing at home
8. Length of time Insane,	more or less so for several years
9. Whether first Attack,	Her disease has been gradually growing on her - no decrease or relapses
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Was in Glasgow Royal Asylum for nine months - left there a month ago
12. Duration of existing Attack,	
13. Supposed Cause,	Constant delusions
14. Whether subject to Epilepsy or Palsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	no.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Petitioner nearest relation No member of family ever insane
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, Thos Stewart

DATED this Third day of July one thousand eight hundred and Sixty one

[4] * To be Signed by the Party applying.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James Struthers

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

being a (1) Doctor of Medicine of the Edinburgh Univ

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

and being in actual practice as a (2) General Practitioner

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

do hereby certify, on soul and conscience, that I have this day, at (3) 9 Bernard Street, Leith in the County of Edinburgh separately from any other Medical Practitioner

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

visited and personally examined (4) Margaret Stewart and t

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

the said Margaret Stewart 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 denies that her Parents are Live, refus to acknowledge her brother as Live — She sat in a rambling manner and is excited

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

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

Her Father states that she gets at times violen and furious —

(SIGNED) *Name and Medical Designation,* James Struthers M

Place of Abode, 22 Charlotte St Leith

DATED this Third day of July One thousand eig hundred and Forty One

MEDICAL CERTIFICATE, No. II.

I, the undersigned, John Gillespie

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

being a (1) Doctor of Medicine & and Surgeon

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

and being in actual practice as a (2) General Practitioner

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

do hereby certify, on soul and conscience, that I have this day, at (3) 9 Bernard Street Leith in the County of Edinburgh separately from any other Medical Practitioner

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

visited and personally examined (4) Margaret Stewart and th

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

the said Margaret Stewart 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)

Believes that she is not related to her Father Mot der, and talks incoherently on the subject

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

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

From Statements that she sometimes gets violent

(SIGNED) *Name and Medical Designation,* John Gillespie M

Place of Abode, 68 Constitution Street

DATED this 3rd day of July One thousand eight hundred and Forty One

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 Ritchie Scott Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Thomas Stewart
Bernard Street Leith
Certificates under the hands of James Struthers M.D.
and John Gillespie, 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)
Margaret Stewart, 9 Bernard Street Leith and that ~~the said~~ she
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 Stewart as a Patient into the (6) Public Asylum of Crichton Royal Institution Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit to you herewith the said Medical Certificates, and a Statement regarding the said Margaret Stewart which accompanied the said Petition.

(Signed) John R Scott

Dated this 5th day of July One thousand eight hundred and sixty one

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

874

Margaret Stewart

5/31/61

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.

Unto the Honourable the (*) Sheriff — *of the* (*) Shire of Dumfries — *and his Substitutes,*—

(*) Sheriff or Steward.
(*) Shire or Stewartry.

The Petition of John Jones of Southport in the County of Lancaster Attorney at Law humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Jones is at present in a state of Mental Derangement and 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 Jones to the Royal Lunatic Asylum Dumfries and to sanction his admission into the said Asylum.

(SIGNATURE) John Jones

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

DATED this third (*) day of July — one thousand eight hundred and forty one.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	William Jones
2. Sex and Age,	Male —
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Bookkeeper or Merchants Clerk
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Prescot ~~street~~ Street Liverpool
7. Place where Found and Examined,	Royal Cheshton Asylum ditto
8. Length of time Insane,	about three years
9. Whether First Attack,	first attack
10. Age (if known) on First Attack,	Seventeen
11. When and where previously under Examination and Treatment,	no when previous to the Royal Lunatic Asylum at Cheshton Near Liverpool
12. Duration of Existing Attack,	Since first attacked
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,	Parish of Liverpool
18. Date of becoming Chargeable,	always chargeable being born in Liverpool
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,	John Jones 18 Jeffreys brick Street
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.

(SIGNATURE)* *Name,* John Jones

DATED this third day of July — one thousand eight hundred and forty one

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Thomas Lawton
being a (1) Member of the Royal College of Physicians in Edinburgh
and being in actual practice as a (2) Consulting Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) The Lunatic Asylum
in Ashton St. Liverpool in the County of
Lancaster separately from any other Medical Practitioner,
visited and personally examined (4) Wm Jones Bookkeeper
and that
the said Wm 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. :—

1. Facts indicating Insanity observed by myself: (6) constant mutterings
Vacancy of countenance, inability to hold conversation
on any subject - writes known where he is, name
his parents live in

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
constant wandering and great depression
look after females - from the Medical Officer
The Institution

(SIGNED) *Name and Medical Designation,* Thomas Lawton L.R.C.P.

Place of Abode, 121 Islington Liverpool

DATED this 1st day of July
hundred and Sixty one One thousand eight

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

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

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

(4) *Insert 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, Benjamin Jones
being a (1) Member of the Royal College of Surgeons
London
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) The Ashton
Asylum Liverpool in the County of
Lancaster separately from any other Medical Practitioner,
visited and personally examined (4) William Jones
Bookkeeper and that
the said William 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. :—

1. Facts indicating Insanity observed by myself: (6)
He is incoherent - Has written out
of his past history - Gives erroneous
answers to questions put to him

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
He is constantly muttering
mumbling in his expressions
childish.

(SIGNED) *Name and Medical Designation,* Benjamin Jones
Member of the Royal College

Place of Abode 134 Islington Liverpool.

DATED this first day of July one thousand eight
hundred and Sixty One.

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

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

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

(4) *Insert 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 of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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 Pretsanie Trotter Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Jones
of Southport in the County of Lancashire
Certificates under the hands of Thomas Lewtas
and Benjamin Dowinson, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Jones, Ashton Street Asylum Liverpool and that ~~the said~~
he 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 Jones as a Patient into the
(6) Public Asylum of Crichton Royal 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 William
Jones which accompanied the said Petition.

(SIGNATURE) John P Trotter

DATED this 4th day of July one thousand eight hundred and sixty one

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, or Private.

845
William Ahern
6/27/61
33

PET

Sheriff or Steward. Unto t
Clerk of Peace or Secretary. of

for th
Lunatic

Medical

is at pr

Asylum

mission

Lour

into the

* The date of the Petition must be within a fortnight clear days preceding the date of the certificate of Medical Certificate.

Da
eight hu

If m

1. Christian Name and Sur
length, .
2. Sex and Age, .
3. Married, Single, or Wid
4. Condition of Life, and
(if any), .
5. Religious Persuasion, as
6. Previous Place of Abode
7. Place where Found and
8. Length of time Insane,
9. Whether first attack,
10. Age (if known) on first A
11. When and where previous
tion and Treatment,
12. Duration of existing Atta
13. Supposed Cause,
14. Whether subject to Epile
15. Whether Suicidal, .
16. Whether Dangerous to oth
17. Parish or Union to which
Pauper] is Chargeable,
18. Date of becoming Charge
19. Christian Name and Surn
Abode of nearest know
Patient, and degree o
known], and whether
Family known to be
sane, .
20. Special circumstances (if a
insertion of any of the

I certify, that, to the b

Dated this Fift

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 or Steward. (*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) County of Dumfries *and his Substitutes,—*

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Mc Ravie is at present in a state of Mental Derangement, and 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 Mc Ravie to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) John Dinwoodie, Inspector

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

DATED this Fifth (*) day of July One thousand eight hundred and Sixtyone

STATEMENT.

If any 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 Mc Ravie
2. Sex and Age,	Female — 62 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,	Dumfries Poorhouse
7. Place where Found and Examined,	— do — do
8. Length of time Insane,	Not Known —
9. Whether first attack,	No
10. Age (if known) on first Attack,	Not Known
11. When and where previously under Examination and Treatment,	Dumfries Poorhouse, Dumfries & the Southern Counties Asylum many times —
12. Duration of existing Attack,	— Has been declining for 2 or 3 weeks
13. Supposed Cause,	— Supposed to be from a fright at first
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,	
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,	Not Known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Not Known

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

(SIGNED)* *Name,* John Dinwoodie, Inspector

DATED this Fifth day of July One thousand eight hundred and Sixtyone

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, William Marshall
being a (1) Graduate of the Faculty of Physicians
Surgeons Glasgow and Licentiate of the College of Physicians
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Workhouse
Dumfries
in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Sarah McKerrie
and that
the said Sarah McKerrie 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) Speaks incoherently & in incorrect Grammar of being touched by persons who might destroy her. Imagines that persons have poisoned her food & therefore has refused taking it within the last 24 hours.

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

Much the same as above

(Signed) Name and Medical Designation, Wm Marshall MD

Place of Abode, Buccleuch Street Dumfries

Dated this 4th day of July One thousand eight hundred and Sixty one 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, Patrick Murray
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) Workhouse
Dumfries
in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Sarah McKerrie
and that
the said Sarah McKerrie is a (5) person of unsound 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) Is subject to delusions & imagines that she has poisoned, & refuses to take food, & is under the impression that she will not allow any person to approach her.

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

The Governor of Workhouse states that she refuses her food, on account of it containing poison, unless it is brought & cooked by herself.

(Signed) Name and Medical Designation, P Murray MD

Place of Abode Dumfries

Dated this 5th day of July One thousand eight hundred and 61

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

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

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

(4) *Insert 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 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 Peterkin Trotter (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Drinnan Inspector of Poor of Dumfries Certificates under the hands of William Marshall and Patrick Murray, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McRaine residing in Dumfries and that the said Sarah McRaine is a (5) Lunatic & of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Sarah McRaine 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 McRaine which accompanied the said Petition.

(SIGNED) John Peterkin Trotter

DATED this Fifth day of July One thousand eight hundred and Sixty one 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.

Sarah McNair
6th July 1865

A Sheriff or Steward.
A Clerk or Secretary.

Insan
Medi
is at
Asylu
minis
into th

† The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

If any

1. Christian Name and Surn
length, .
2. Sex and Age, .
3. Married, Single, or Widow
4. Condition of Life, and y
(if any), .
5. Religious Persuasion, so f
6. Previous Place of Abode,
7. Place where Found and E
8. Length of time Insane,
9. Whether first attack,
10. Age (if known) on first At
11. When and where previously
tion and Treatment,
12. Duration of existing Attack
13. Supposed Cause, .
14. Whether subject to Epilepsy
15. Whether Suicidal, .
16. Whether Dangerous to othe
17. Parish or Union to which t
Pauper] is Chargeable,
18. Date of becoming Chargeabl
19. Christian Name and Surnam
Abode of nearest known
Patient, and degree of
known, and whether any
Family known to be or
nate, .
20. Special circumstances [if any
insertion of any of the abo

I certify, that, to the best

DATED this

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) County of Dumfries and his Substitutes,—

The Petition of James Harkness Headless Cross

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Harkness, Headless Cross, Ireland is at present in a state of Mental Derangement, and 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 Harkness to the Dumfries Counties Asylum and to sanction his admission into the said Asylum.

(Signature) James Harkness

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

Dated this Eight (3) day of July One thousand eight hundred and Eighty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	David Harkness
2. Sex and Age,	Male. 21 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Blacksmith
5. Religious Persuasion, so far as known,	Friends are connected with the Established church
6. Previous Place of Abode,	Headless Cross
7. Place where Found and Examined,	Do —
8. Length of time Insane,	2 or 3 week,
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	21 Years
11. When and where previously under Examination and Treatment,	Never - nowhere
12. Duration of existing Attack,	2 or 3 weeks
13. Supposed Cause,	Not Known - attended some revival meetings
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 his Family known to be or to have been Insane,	James Harkness, Father, Headless Cross, Parish of Fivemiletown. None known to have been insane either of the father or mother 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.

(Signature)* Name, James Harkness

Dated this Eight day of July One thousand eight hundred and Eighty one

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, F. B. Graham
being a (1) M.R.C.S. Edinburgh
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Headless Cross Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) David Harkness and that the said Headless Cross David Harkness is a (5) person of unsound 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) Irrational Conversation. Loss to perceive the reality that his soul is lost. Last hour and has attempted suicide by nearly
2. Other facts (if any) indicating Insanity communicated to me by others: (7) Has attempted to hang himself two months ago. Information derived from his brother.

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

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

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

(4) *Insert 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.*

(SIGNED) *Name and Medical Designation,* F. B. Graham

Place of Abode, Longtown. Cumberland

DATED this seventh day of July One thousand eight hundred and sixty one

MEDICAL CERTIFICATE, No. II.

I, the undersigned, James Gibbons MD
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) Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) David Harkness of Headless Cross Lytha and that the said David Harkness is a (5) person of unsound 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) is insane expected, believes himself lost + attempts to injure himself

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.*

(SIGNED) *Name and Medical Designation,* James Gibbons MD

Place of Abode, Crichton House Dumfries

DATED this eighth day of July One thousand eight hundred and sixty one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate and the Order of the Sheriff.)

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

Name, F. B. Graham

Place of Abode, Longtown Cumberland

DATED this Seventh day of July One thousand eight hundred and Sixty one

(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 Pitcairn Trotter (2) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Harkness residing at Headless Cross, Gretna Certificates under the hands of F. B. Graham and James Gilchrist, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Harkness Headless Cross Gretna and that the said David Harkness 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 Harkness 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 David Harkness which accompanied the said Petition.

(SIGNATURE) John Pitcairn Trotter

DATED this Ninth day of July One thousand eight hundred and Sixty one 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.

David Watters
Petition
July 1891

I HEREBY GIVE NOT

Pa

and I hereby transm

which he was receiv

Subjoined is a

named Patient.

(SIGNA

Dated at

To the Secretar

Govern

I HAVE this day (*)

and hereby report as

and with respect to

(Sig

Dated this

hereof and

(*) Name and Designatio
(*) Private or Pauper.
(*) Some day within fou
the Order be gran
(*) Some day not less tha
two clear days af
(*) Insert particulars.
(*) Insert particulars.
(*) Add Designation.

[97

865
Michael McGuire
8th July 1864

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.

(SIGNED) _____ *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 (5) seen and personally examined

the Patient named in the above Notice,

and hereby report and certify, with respect to mental state, that (6)

and with respect to bodily health and condition, that (7)

(SIGNED) _____

(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.

(Copies.)

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) Wigton and Kirkcudbright of _____ *and his Substitutes.*—

The Petition of Malcolm Mc Farlane Inspector of Poor

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Michael Mc Caul

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Michael Mc Caul to the Crichton Asylum Dumfries and to sanction his admission into the said Asylum.

(SIGNED) M. Mc Farlane

(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 June one thousand eight hundred and 61.—

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Michael Mc Caul
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,	Roman Catholic
6. Previous Place of Abode,	Eastmagheron
7. Place where Found and Examined,	Half Mark Parish of Leswalt
8. Length of time Insane,	A few days from date of medical
9. Whether first Attack,	First attack
10. Age (if known) on first Attack,	About Sixty years old
11. When and where previously under Examination and Treatment,	No previous Examination
12. Duration of existing Attack,	Few Days
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	~~Not known~~ No.
15. Whether Suicidal,	Once threatened to drown himself
16. Whether Dangerous to others,	Sometimes so
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	The Parish of Kirkmaiden
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,	His relatives in Ireland Has a wife and family residing at Half Mark Parish Leswalt
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	Any other circumstances cannot be stated in above columns

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

(SIGNED)* *Name,* Mr. M'Farlane

DATED this 20th day of June one thousand eight hundred and 61

* To be Signed by the Party applying.

(Copies.)

MEDICAL CERTIFICATE, No. I.

, the undersigned, Ebenezer Fleming
ing a (1) Doctor of Medicine and a Licentiate of the Royal College of Surgeons of Edinburgh.
d being in actual practice as a (2) General Practitioner Half Mark
reby certify, on soul and conscience, that I have this day, at (3) Barish of Leswalt Wigtown in the County of separately from any other Medical Practitioner,
sited and personally examined (4) Michael Mc Call and that
e said Michael McCall is a (5) Insane
and a proper Person to be detained
der Care and Treatment, and that I have formed this opinion upon the following
ounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
His look and manner betokened Insanity as shown by an uneasy, restless, Suspicious and unintelligent expression of Countenance — In my Presence, he was reserved and adamantly answers not to Communicate. But on asking to speak with his friends privately he sprung out of bed to prevent it.

2. Other facts (if any) indicating Insanity communicated to me by others: (7).
His wife and Son inform me that he is frequently seized with paroxysms, when he would strike any one near him, Mrs Caulfield his wife by the hair and dragged her through the room, at times he will not taste food for days on account of it being breathed. Bowels have not been relieved for ten days. Sleeps little

(1) Set forth the qualification entitling the person certifying to grant the certificate; e. g., Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, or otherwise, as the case may be.
(3) Insert the street and number of the house (if any), or other like particulars.
(4) Insert 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.

(SIGNED) Name and Medical Designation, Ebenezer Fleming, M.D.

Place of Abode, Stranraer

DATED this Nineteenth day of June One thousand eight hundred and Sixty One Years.

MEDICAL CERTIFICATE, No. II.

the undersigned, David Easton
ng a (1) Doctor of medicine and a licentiate of the Royal College of Surgeons of Edinburgh.
l being in actual practice as a (2) General Practitioner
reby certify, on soul and conscience, that I have this day, at (3) Half mark
arish of Leswalt Wigtown in the County of separately from any other Medical Practitioner,
ited and personally examined (4) michael Mc Caul a Pauper.
and that
said Michael Mc Caul 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. Facts indicating Insanity observed by myself: (6) His general appearance, suppression of countenance, being brisk & restless, his conversation unconnected. is afraid of being injured by those around him, imagining some evil is to befall him — says he is betwitched & in consequence refuses to take food for he is very reserved & unmanageable.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7).
does not rest during night. Often rises 3 times out. in his shirt — Asks his wife to bleed the cattle or he will injure her, has once threatened to injure her — the children — has once threatened to drown himself, has once stones his master because he thought he was going to do him harm — communicates

(1) Set forth the qualification entitling the person certifying to grant the certificate; e. g., Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, or otherwise, as the case may be.
(3) Insert the street and number of the house (if any), or other like particulars.
(4) Insert 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.

(SIGNED) Name and Medical Designation, David Easton M.D

Place of Abode Stranraer

DATED this Nineteenth day of June one thousand eight hundred and Sixty One.

(Copies.)

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. 1, 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, Macduff Rhind Esquire Advocate Sheriff Substitute (2)

of the (3) County of Mytown

having had produced to me, with a Petition at the instance of (4) Malcolm McFarland Inspector of Poor Stewart

Certificates under the hands of Ebenezr Fleming M.D. and David Easton 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 (5) Michael McCaul pauper and that the said Michael McCaul 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 Michael McCaul 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 michael McCaul which accompanied the said Petition.

(SIGNED) M. Macd

DATED this second day of July one thousand eight hundred and sixty one

To the Superintendent of the (7) Crichton
Asylum of Dumfries

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

~~Glasgow Royal Asylum for Lunatics, Gartnavel.~~

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) County of Lanark Dumfries *and his Substitutes,—*

The Petition of William Greenlees residing at 463 St Vincent St Glasgow Lanarkshire humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that Hugh Ferguson Greenlees residing at 69 Union St Glasgow Lanarkshire consin of 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 authorise the transmission of the said Hugh Ferguson Greenlees to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(Signed) Wm Greenlees

(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 July one thousand eight hundred and sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Hugh Ferguson Greenlees
2. Sex and Age,	Male 37 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Gentleman
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Campbeltown Argyllshire
7. Place where Found and Examined,	47 Main St Anderston Glasgow
8. Length of time Insane,	16 years
9. Whether first Attack,	First
10. Age (if known) on first Attack,	21
11. When and where previously under Examination and Treatment,	Gartnavel Asylum
12. Duration of existing Attack,	16 years
13. Supposed Cause,	Hereditary
14. Whether subject to Epilepsy or Palsy,	No
15. Whether Suicidal,	Not at present but has been
16. Whether Dangerous to others,	Not at present but has been
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Paternal uncle Daniel Greenlees Esqr Campbeltown Argyllshire Maternal Uncle
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,* Wm Greenlees

Dated this sixth day of July one thousand eight hundred and sixty one

[4] * To be Signed by the Party applying.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Andrew Fergus

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

being a (1) Member of the Royal College of Surgeons of Edin

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

and being in actual practice as a (2) Surgeon

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

do hereby certify, on soul and conscience, that I have this day, at (3) 67 Main St Anderston Glasgow Lanark

in the County of

separately from any other Medical Practitioner

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

visited and personally examined (4) Hugh Ferguson Pensioner Govan

and the

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

the said Hugh Ferguson Pensioner Govan is a (5) person of unsound mind

and a proper person to be detained

under Care and Treatment, 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 for many years back all his food has been

poisoned by a person of the name of Ferguson

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

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

(SIGNED) *Name and Medical Designation,* Andrew Ferguson M.D.

Place of Abode, 21 Elmbank St

DATED this 5th day of July One thousand eight hundred and 81

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Thomas Reid M.D. of the University of Glasgow and Licentiate of the Faculty of Physicians and Surgeons Glasgow

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

being a (1)

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

and being in actual practice as a (2) Physician

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

do hereby certify, on soul and conscience, that I have this day, at (3) 47 Main St Anderston Glasgow Lanark

in the County

separately from any other Medical Practitioner

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

visited and personally examined (4) Hugh Ferguson Pensioner Govan

and the

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

the said Hugh Ferguson Pensioner Govan is a (5) person of unsound mind

and a proper person to be detained

under Care and Treatment, 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 statements

Has delusions respecting an imaginary person of the

name of Ferguson who constantly follows him and

remains invisible and whom he supposes is constantly

with medicine.

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

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

his cousin Mr Saunders has been in the

Asylum till recently

(SIGNED) *Name and Medical Designation,* Thomas Reid M.D.

Place of Abode, 116 Waterloo St Glasgow

DATED this fifth day of July One thousand eight hundred and eighty one

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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, Alexander Hannay Sheriff Substitute of the (2) County of Renfrew having had produced to me, with a Petition at the instance of (3) William Greenlees 463 Saint Vincent Street Glasgow Certificates under the hands of Andrew Fergus and Thomas 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) Hugh F. Greenlees 69 Union St Glasgow and that ~~the said~~ She is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Hugh F. Greenlees as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize Its Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Hugh F. Greenlees which accompanied the said Petition.

(SIGNATURE) Alex Hannay

DATED this 8th day of July one thousand eight hundred and Sixty one

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, or Private.

Rose
Rose Simmons Simmons
8/12/61

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 or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) County of Dumfries *and his Substitutes,—*

The Petition of Joseph Crichton Inspector of Poor for the Parish of Canobie hereby sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Stubbs is at present in a state of Mental Derangement, and 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 Stubbs to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) J. Crichton

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

DATED this Eleventh (*) day of July One thousand eight hundred and Sixtyone

---

STATEMENT.

If any 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 Stubbs
2. Sex and Age,	Male – 26 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Single – labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Rowanburn, Canobie
7. Place where Found and Examined,	do do
8. Length of time Insane,	Three months
9. Whether first attack,	First attack
10. Age (if known) on first Attack,	26 years
11. When and where previously under Examination and Treatment,	Rowanburn aforesaid
12. Duration of existing Attack,	About Three Months
13. Supposed Cause,	Supposed to be from a quarrel with his employer
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,	Canobie
18. Date of becoming Chargeable,	11th July 1861
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,	Not Known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Not Known

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

(SIGNED)* *Name,* J. Crichton

DATED this Eleventh day of July One thousand eight hundred and Sixtyone

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. 1.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians and Surgeons Glasgow and College of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Burnbrae Cottage Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Stubbs the said John Stubbs and that 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) Talks incoherently & answers questions in an independent manner thinks that all people are tigers against him & that he has no power over tigers & has to fight against a fault they make

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Knows the name, & address of the Doctor to attend by two days ago & he has threatened himself

(SIGNED) *Name and Medical Designation,* Wm Marshall M.D. &c

Place of Abode Burnbrae Cottage Dumfries

DATED this 16th day of July One thousand eight hundred and sixty 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.

(6) *State the facts.*

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

I, the undersigned, Patrick Heron 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) Burnbrae Cottage Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Stubbs the said John Stubbs and that 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) Answers questions incoherently sometimes not at all, states that he has found out a conspiracy to have him, & that he cannot sleep for anything he does

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has attempted to throw himself out of the window to escape his enemies

(SIGNED) *Name and Medical Designation,* P Heron M.D.

Place of Abode Dumfries

DATED this 17th day of July One thousand eight hundred and 61

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 Reginald Grotter Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Joseph Cuction Inspector of Poor of the parish of Canonbie Certificates under the hands of William Marshall and Patrick Murray, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Stubbs, Labourer Roncarholm Canonbie a pauper, and that ~~the said~~ he is a (5) Lunatic

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

(SIGNED) John R Grotter

DATED this Eleventh day of July One thousand eight hundred and Seventy one

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.

867

John Stubbs

11th July 1867

2/6 pd

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

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 (†) Sheriff *of the* (‡) County of Dumfries *and his Substitutes,*—

The Petition of Alexander Newison, Inspector of Poor for the Parish of Morton, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Robertson or Reid is at present in a state of Mental Derangement, and 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 Robertson or Reid to the Dumfries Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) Alex. Newison

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

DATED this Eighth (*) day of July one thousand eight hundred and (61) sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Agnes Robertson or Reid
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,	Presbyterian
6. Previous Place of Abode,	Shombile
7. Place where Found and Examined,	- Do -
8. Length of time Insane,	Has ~~been~~ been considered slightly but since 4 June
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,	since 4 June
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	—
16. Whether Dangerous to others,	Has been violent ~~to~~ ~~strikes~~ Scalding or ill use
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Morton
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,	William Reid Writer Clerk 27 N. Nelson Street Edinburgh is her son
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, Alex Newison

DATED this Sixth day of July one thousand eight hundred and (61) sixty one

[4]

* 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, Andrew Crichton Charlesworth being a (1) Doctor in Medicine & University Edinburgh Licentiate of the Royal College of Surgeons Edinr and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Thornhill Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Agnes Reid, Pauper and the said Agnes Reid is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
She is in a restless excited state, wandering about the house, picking at any object. Denies her own name & calls herself Isabella Wilson Crosbie whom she has been lodging with. Says she has multiple injuries & pain all over her body, which explains her use of crutches & is subjective symptoms, & that she is dangerous.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Isabella Wilson Crosbie whom she has been lodging with. Says she has multiple injuries & pain all over her body, which explains her use of crutches & is subjective symptoms, & that she is dangerous.

(SIGNED) *Name and Medical Designation,* Andrew C. Charlesworth

Place of Abode, Thornhill.

DATED this 6th day of July One thousand eight hundred and sixty one.

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, Thomas Boyle Grierson being a (1) Licentiate of the Royal College of Surgeons Edinr and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Thornhill Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Agnes Robertson or Reid a Pauper in Thornhill and the said Agnes Robertson 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) On certain the idea of being descended from Royalty and great ancestors, becomes excited when such is not admitted. She knows the Bible is poor, but in her own estimation she is exhaustless and looks upon herself as infallible. She disowns all her connections excepting those of the mother's name.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Isabella Wilson with whom she resided states that she is "develish with pride and almost mad" and that "there is no living with her."

(SIGNED) *Name and Medical Designation,* T. Grierson Surgeon

Place of Abode Thornhill

DATED this 6th day of July one thousand eight hundred and sixty one

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 is One of Emergency, and I recommend the immediate removal of the said
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 Pitcairn Trotter (2) Sheriff Substitute
of the (3) County of Dumfries
having had produced to me, with a Petition at the instance of (4) Alexander Rewson Inspector of Poor of the parish of Morton
Certificates under the hands of Andrew Crichton Chalmers —
and Thomas Boyle Grierson , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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)
Agnes Robertson or Reid in Thornhill a pauper and that the said
Agnes Robertson or Reid is a (6) Lunatic and person of
unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Robertson or Reid as a Patient into the (7) 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 Robertson or Reid — which accompanied the said Petition.

(SIGNED) J. Jno. P. Trotter

DATED this Ninth day of July — one thousand eight hundred and Sixty one 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.

868

Agnes Robertson
or Reid.
11th July 1864

(†) Sheriff or Steward.
(‡) Elisor or Secretary.

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

1. Christian Name and S
length, .
2. Sex and Age, .
3. Married, Single, or Wi
4. Condition of Life, and
[if any], .
5. Religious Persuasion,
6. Previous Place of Abod
7. Place where Found and
8. Length of time Insane,
9. Whether First Attack,
10. Age (if known) on Fir
11. When and where previ
tion and Treatment
12. Duration of Existing A
13. Supposed Cause, .
14. Whether subject to Ep
15. Whether Suicidal, .
16. Whether Dangerous to
17. Parish or Union to wh
Pauper) is Chargeab
18. Date of becoming Cha
19. Christian Name and S
Abode of nearest kin
Patient, and degre
known), and whethe
Family known to be
sane, . .
20. Special circumstances
insertion of any of t

I certify, that, to th

DATED this 2

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.

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

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

The Petition of James Young

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Janet H B Young is at present in a state of Mental Derangement and 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 Janet H B Young to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(SIGNATURE) J. Young

(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 July one thousand eight hundred and Sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Janet Hamilton Brown Young
2. Sex and Age,	Female, aged 52
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Middle rank of life
5. Religious Persuasion, so far as known,	Member of United Presbyterian Church
6. Previous Place of Abode,	Edinburgh
7. Place where Found and Examined,	
8. Length of time Insane,	Since January 1860
9. Whether First Attack,	Second attack
10. Age (if known) on First Attack,	About 34 years
11. When and where previously under Examination and Treatment,	At Hawkhead Asylum
12. Duration of Existing Attack,	18 months
13. Supposed Cause,	Bodily debility & derangement
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No threatening of so doing
16. Whether Dangerous to others,	I think not
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,	James Young. 29 Minto Street Kennington. Husband. Also one sister who is now in perfect health
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.

(SIGNATURE)* Name,

DATED this 27th day of July one thousand eight hundred and Sixty one

* To be Signed by the Party applying.

J. Young 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, Charles Sidey
being a (1) Surgeon
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3)
Edenburgh in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Janet N. Brown Young
and that
the said Mrs Janet N Brown Young 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) that her voice is for-ever-lost and that God is her-enemy and that her-husband and family are lost.

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

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

(SIGNED) *Name and Medical Designation,* Charles Sidey Surgeon

Place of Abode 64 Hanover St Edin

DATED this 27th day of July One thousand eight hundred and 61

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 Aikey
being a (2) MD. Edin & Surgeon
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Whitehouse Muresk Midlothian in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Janet Young
and that
the said Mrs Janet Young is a (5) person of unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Religious Melancholia thinks she and her family are lost - and at times excited -

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

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

(SIGNED) *Name and Medical Designation,* James Aikey M.D.

Place of Abode 42 Queen St Edin

DATED this 26th day of July one thousand eight hundred and 61

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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, Alexander Hannay Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Young
29 Minto Street Newington
Certificates under the hands of Charles Sidey
and James A Sidey being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Janet Brown Young Edinburgh and that ~~the said~~ she 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 Mrs Janet Brown Young as a Patient into the (6) Public Asylum of Crichton Royal Institution 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 Janet Brown Young which accompanied the said Petition.

(SIGNATURE) Alex Hannay

DATED this 29th day of July one thousand eight hundred and Sixty four

To the Superintendent of the (6) 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, or Private.

8/48
Hand Woodwork Room
27/3/61

CRICH

Patients will be
DE GALLERIST, of an appli
a warrant from the Sheri
a rule of board as may be
regulations as to clothing

All applications fo
may be given for corresp
be made for his or her re
who are pregnant, mothe
do not appear to be prop
of by the Trustees, timely

The admissibility
of Board will be fixed by
ment, in all cases, be paid
(1st August), Martinmas
quarter's board, and the
nor repayment of the boa
or any other Officer on ad
sarral, from the Table-m
board and the circumstan
nature, and number of
which mark, sex, habit, a
case may demand greater
the Patient is entitled to

Visitors will be per
o'clock, on presenting an
but they are strictly proh
Resident Medical Officer.
tion with them, if consider
with them in the presence
sultory; but no visitor,
books, newspapers, &c., w

Patients must be
Patients when rece
Officer to the Trustees an
board, &c., is signed, befo
for a week after the time
doubled, or the Patient
A fortnight's notice
Resident Medical Officer.
The Patients will be
they will be inspected by
every aspect of this mat
are justice, kindness, wa
their condition, will be
and occupations.

CRICHTON ROYAL INSTITUTION.

Private Department.

Trustees.

Mrs CRICHTON of Friars' Carse.
Lieut.-Colonel GRIERSON of Barndennoch.
J. MACALPINE LENY, Esq. of Dalswinton.

Extraordinary Trustees.

His Grace the Duke of Buccleuch.
The Right Hon. the Earl of Galloway.
The Right Hon. the Earl of Selkirk.
The Lord-Lieutenant of the Shire of Dumfries.
The Member for the County of Dumfries.
The Sheriff of the Shire of Dumfries.
The Minister of St. Michael's Church, Dumfries.

Directors.

Thomas Simpson, Esq. of Dalswinton.
M. C. Maxwell, Esq. of Terreglas.
P. Duncan, Esq. of Cargen.
Thomas Steuart Gladstone, Esq. of Capenoch.
James Hotchkis, Esq., Summerville.

Officers.

James Gilchrist, M.D., Resident Physician.
John Dickson, M.D., Medical Assistant.
Mrs Softley, Matron.
And. Henderson, House Steward.
Mrs Ramsay, Superintendent.

R. Adamson, Esq., } Treasurers.
S. Adamson, Esq., }

Rev. G. Cowans, Chaplain.

Patients will be received on the presentation, previous to admission, to the Resident Medical Officer, Dr Gilchrist, of an application from the nearest of kin, the guardians, or local authorities; certificates of lunacy; and a warrant from the Sheriff, as required by law; also an obligation from some respectable party or parties to pay such a rate of board as may be determined upon, according to the Rules of the Institution, and to comply with all rules and regulations as to clothing, removal, and burial. These documents are annexed.

All applications for admission should be forwarded at least three days before the arrival of the Patient, that time may be given for correspondence as to whether a vacancy exists, the rate of board, &c., and that due preparation may be made for his or her reception. Patients will be admitted between 8 A.M. and 8 P.M. upon every lawful day. Patients who are pregnant, moribund, or affected with fever, contagious or incurable diseases, cannot be received; and such as do not appear to be proper objects, may be discharged on the recommendation of the Medical Officer, being approved of by the Trustees, timely notice being given to the friends or guardians.

The admissibility of Patients will be determined upon by the Medical Officer; and in the first instance the rate of Board will be fixed by him, subject, however, to be confirmed or modified by the Trustees and Directors. The board must, in all cases, be paid to the Treasurer in advance, quarterly, at the terms of Whitsunday (15th May), Lammas (1st August), Martinmas (11th November), and Candlemas (2d February); and when the Patient first enters, a full quarter's board, and the proportion of the quarter current at the time, will be required; and there will be no return nor repayment of the board so advanced. It shall include charges of all kinds; no fees being exigible by the Medical or any other Officer on admission or discharge, or at any other time, or upon any pretext whatever. It will be observed, from the Table annexed, that a difference will be made in the following particulars, according to the rate of board and the circumstances and conditions under which the individual is admitted, viz., in the situation, size, furniture, and number of apartments; in the diet; in the proportion of the attendants; and in the various luxuries which rank, sex, habit, or the state of the disease, may render necessary. At the same time, whenever the nature of the case may demand greater accommodation, the special services of an attendant, or a more expensive style of living than the Patient is entitled to, they will be granted.

Visitors will be permitted to see all parts of the House on Wednesdays, between the hours of ten and twelve o'clock, on presenting an order, signed by a Trustee, Director, or one of the Medical Officers, but at no other time; but they are strictly prohibited from seeing or mingling with Patients of any class, without the express sanction of the Resident Medical Officer. The friends or guardians of Patients will be permitted to have free and private communication with them, if convalescent, between ten and twelve o'clock every lawful day; and, in all cases, to see and converse with them in the presence of the Resident Medical Officer or Matron, should such intercourse be considered safe or salutary; but no visitor, friend, or guardian, can be allowed to convey to the Patients any article of food or dress, books, newspapers, &c., without the knowledge and approbation of the Resident Medical Officer.

Patients must be supplied with clothes by their friends or guardians.

Patients when recovered, or found to be unfit, are discharged on the representation of the Resident Medical Officer to the Trustees and Directors, but he is required to communicate with the persons by whom the obligation for board, &c., is signed, before the dismissal of any individual; should they neglect or refuse to comply with the request for a week after the time fixed for removal in the notice, the rate of board for which they are responsible will be doubled, or the Patient sent to his or her friends or guardians at their expense.

A fortnight's notice of the intention of friends or guardians to remove the Patient must be forwarded to the Resident Medical Officer.

The Patients will be visited by the Resident Medical Officer and Matron always once or twice a-day, and in general they will be inspected by these or other officers much more frequently, under every variety of circumstances, and under every aspect of the malady. The grand principles of moral treatment upon which the Institution will be conducted are justice, kindness, and occupation; and, by the application of these, the Patients, in so far as is consistent with their condition, will be induced to regard the Asylum as a home, and those to whose care they are entrusted as friends and companions.

Answers to the following Queries are solicited in all cases, if possible, from the MEDICAL ATTENDANT :—

QUERIES.	ANSWERS.
1. Name age, condition, occupation, disposition, amount of education, and general deportment of the Patient.	Mrs Sarah H B Young When well of the most kindly disposition Good common education
2. What is the cause, predisposing and exciting, moral or physical; and what circumstances may have predisposed to, aggravated, or confirmed the disease?	General Weakness of the System nervous debility — nothing else known
3. Before the incursion of the disease, were there observed any unusual depression or elevation of spirits, any marked alterations in the functions of the body, or in the temper, opinions, conduct, sleep, &c.?	Weakness and despondency
4. Has the Patient been subject to epilepsy, or other convulsive affections, previous to or during the existence of insanity; and for what other diseases or accidents has medical or surgical treatment been at any time required?	No
5. What have been, and are, the prominent symptoms of the malady? has any obvious change in its form occurred; and does it appear to be increasing, declining, or stationary?	Chiefly dark views in respect to the religious condition of self and family. When well remarkably clear views of divine truth with correspondingly pure and consistent
6. Mention the present state of the external senses; of the appetite, digestion, and evacuations; of the pulse, respiration; and of all other functions, so far as they can be ascertained.	
7. Is this the first attack, or a relapse? by what peculiarity of constitution or manner was it ushered in—if a relapse, of what duration was the lucid interval? and what has been the number of previous attacks?	Second attack 16 years
8. What have been, and are, the delusions, habits, peculiarities, and pursuits of the Patient, during the night as well as the day, since the invasion of insanity?	See No 5
9. Does the Patient manifest any disposition to commit suicide? has he made any attempt to do so, and by what means?	Sometimes talks about it. Should be taken care of
10. Does the Patient manifest any disposition to injure other persons or property—to cherish any malicious design—or is the morbid train of thoughts excited by any particular subject or event?	✓ Strictly not
11. Is the Patient or his relatives subject to any hereditary, nervous, or periodical disease, and what? or have they manifested any peculiarity, eccentricity, or prominent propensity, or tendency to crime?	
12. What treatment has been resorted to, for what length of time, and with what success?	
13. How long has the Patient been insane? or has he ever been in any public asylum or private mad-house?	About a year and half

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.

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

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

of Dumfries and his Substitutes,—

The Petition of Mrs J Methven

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Methven my 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 Methven. to the Crichton Royal Institution & and to sanction his admission into the said Asylum.

(SIGNATURE) J Methven

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

DATED this 20th day of July one thousand eight hundred and sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Robert Methven.
2. Sex and Age,	Male - 28
3. Married, Single, or Widowed,	Unmarried
4. Condition of Life, and previous Occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Cafe Wigton.
7. Place where Found and Examined,	W Dumfries.
8. Length of time Insane,	Three years
9. Whether First Attack,	Repeated Attacks
10. Age (if known) on First Attack,	25.
11. When and where previously under Examination and Treatment,	None.
12. Duration of Existing Attack,	a Fortnight
13. Supposed Cause,	Dissipation
14. Whether subject to Epilepsy,	None.
15. Whether Suicidal,	Talks of it.
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,	Mrs Methven.
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.

(SIGNATURE)* Name, J Methven

DATED this 20th day of July one thousand eight hundred and sixty one

* To be Signed by the Party applying.

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.

(6) *State the facts*

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

I, the undersigned, John Dickson M.D.
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) 20 Buccleuch St
Dumfries in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Robert Methven Esqr
and that
the said Robert Methven is a (5) Person of
unsound 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) - Extreme nervousness restlessness & irritability - subject to periodical attacks of depression, accompanied by a craving for stimulant - Impulsive in many of his acts

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
As described, as expressing two words - inability to sleep & has delusions of suicide

(SIGNED) *Name and Medical Designation,* John Dickson M.D.

Place of Abode 20 Buccleuch Street

DATED this 20th day of July One thousand eight hundred and sixty one

MEDICAL CERTIFICATE, No. II.

(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.

(6) *State the facts.*

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

I, the undersigned, Henry Alexander M.D.
being a (1) Graduate of the University of Edinburgh Physician
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3) Carlisle House Young Dumpsen in the County of Dumpsen
separately from any other Medical Practitioner,
visited and personally examined (4) Robert Nuttyson Esq Farmer resident at present at Dumpsen and that
the said Robert Nuttyson is a (5) person of unsound 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) is nervous and irritable admits that he does foolish acts - is impulsive and occasionally loses control over his actions

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Person who accompanies him says that he does not sleep and sometimes talks of committing suicide

(SIGNED) *Name and Medical Designation,* Henry Alexander M.D.

Place of Abode Carlisle House Young Dumpsen

DATED this 19th day of July one thousand eight hundred and sixty one

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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, Alexander Hannay Sheriff Substitute
of the (2)
having had produced to me, with a Petition at the instance of (3) Mrs Methven Wester
Certificates under the hands of John Dickson
and James Gilchrist, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Methven, pauper & son of Petitioner and that ~~the said~~ he
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 Methven as a Patient into the (6) Public Asylum of Crichton Royal 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 Robert Methven which accompanied the said Petition.

(SIGNATURE) A Hannay

DATED this 27th day of July one thousand eight hundred and Sixty one

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, 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]

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

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 Dumbarton, *and his Substitutes,*—

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

The Petition of Thomas McCunn

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Catherine McCunn is at present in a state of Mental Derangement and 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 Catherine McCunn to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(SIGNATURE) Thos McCunn

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

DATED this thirtieth (3) day of July one thousand eight hundred and sixty one 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 McCunn (maiden name Coyle)
2. Sex and Age,	Female Thirty two
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Gentlewoman
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Landown, Langs, Ayrshire
7. Place where Found and Examined,	Landown, Langs, Ayrshire
8. Length of time Insane,	Ten or twelve days?
9. Whether First Attack,	Supposed from melancholia in spring.
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	~~Spring~~ Last spring. Her own home, as above
12. Duration of Existing Attack,	Ten or twelve days?
13. Supposed Cause,	Circumstances connected with ladies' family began.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Threatened on various occasions of late
16. Whether Dangerous to others,	Has not threatened
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,	Thomas McCunn, Landown, Langs, husband. The mother + sister of Mrs Catherine McCunn have both been in asylums & a brother is at present in Gartnavel 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.

(SIGNATURE)* Name, Thos McCunn

DATED this thirtieth day of July one thousand eight hundred and sixty one.

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Robert Kirkwood
being a (1) Doctor of Medicine, University of Glasgow 1857
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Landour Largs Ayr in the County of
separately from any other Medical Practitioner, visited and personally examined (4) Mrs Catherine McCunn Landour Largs Gentlewoman and that the said Mrs Catherine McCunn is a (5) person of unsound 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) Expression & manner wholly changed; great excitement, talked incessantly & incoherently; said the meal in the house poisoned & would not allow her children to partake of prepare from it; talked of "Strange dreams" affecting herself & family

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

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

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

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

(4) *Insert 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.*

(SIGNED) *Name and Medical Designation,* Robert Kirkwood

Place of Abode, Largs, Ayrshire

DATED this twenty ninth day of July One thousand eight hundred and eighty one years.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, John Campbell M.D.
being a (1) Member of the College of Surgeons, London,
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Landour, Largs Ayr in the County of
separately from any other Medical Practitioner, visited and personally examined (4) Mrs Catharine Hyslop or Thomson McGunn by — Landour, Largs. and that the said Mrs Catharine Hyslop or McGunn is a (5) person of unsound 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 — excited — imagining, delusions as to herself & the — believes that an infant she lost from Hydrocephalus was poisoned — that I killed her with Cod liver Oil — that there was a conspiracy to injure her, & the

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.*

(SIGNED) *Name and Medical Designation,* John Campbell M.D

Place of Abode Largs Ayrshire

DATED this 30th day of July one thousand eight hundred and Eighty one

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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, Alexander Young Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas M'Cunn Landour. Kargs Ayrshire Certificates under the hands of Robert Kirkwood and John Campbell, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Catherine Wylie or M'Cunn Landour, Kargs, Ayrsh and that the said Mrs Catherine Wylie or M'Cunn 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 Catherine Wylie or M'Cunn 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 Mrs Catherine Wylie or M'Cunn which accompanied the said Petition.

(SIGNATURE) Alex Young

DATED this thirty first day of July One thousand eight hundred and Sixty one years.

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, or Private.

879
Ann Catherine Wyllie
of Mc Cann
11 1867

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) Shire of Dumfries *and his Substitutes,—*

The Petition of Robert Collard Farmer Drumanister near Gallowa[illegible]

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Collard my 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 Collard to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(SIGNED) Robt. Collard

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

DATED this seventh (3) day of February one thousand eight hundred and fifty [illegible] nine

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	James Collard
2. Sex and Age,	Male 23
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Drumanister
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	two three 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,	Mental anguish
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Doubtful
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Robert Collard Father Drumanister near Gallowa[illegible] None
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(SIGNED)* *Name,* Robt. Collard

DATED this seventh day of February one thousand eight hundred and fifty nine

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1200.

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, Licentiate of the Royal College of Surgeons being a (1) Graduate of the University of Edinburgh and Physician and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Dumfries 38 Castle Street Dumfries in the County of separately from any other Medical Practitioner visited and personally examined (4) James Collart, Farmer's Son, Drumsmittan, Balmaclellan and the said James Collart 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 says his head is split open, that he has an adder in his inside, wants to kill himself, eyes insane & wild, restless &c.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He raves & that he runs off, sleeps badly & is subject to many hallucinations

(SIGNED) *Name and Medical Designation,* James M. M'Culloch

Place of Abode, 38 Castle Street, Dumfries

DATED this 16th day of February One thousand eight hundred and fifty nine years.

MEDICAL CERTIFICATE, No. II.

(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, William Charles Lobb being a (1) Graduate of the Faculty of Physicians and Surgeons Glasgow and Fellow of the Royal College of Surgeons and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Dumfries Buccleuch Street Dumfries in the County of separately from any other Medical Practitioner visited and personally examined (4) James Collart and the said James Collart 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) Sometimes talks incoherently, says he is haunted by that there are [illegible] present called by his Father which seems to be dead

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7) His Father tells me he has never been right in his mind since a girl broke an illegitimate child to him

(SIGNED) *Name and Medical Designation,* William Charles Lobb

Place of Abode, Buccleuch Street Dumfries

DATED this 16th day of February one thousand eight hundred and fifty nine years

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

(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 Malcolm Crichton Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert Coltart residing at Drumcastle Balmaclellan Certificates under the hands of James Murray M'Culloch 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) James Coltart son of Petitioner and that the said James Coltart is a (5) Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Coltart as a Patient into the (6) Public Asylum of Crichton Royal Institution Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Coltart which accompanied the said Petition.

(SIGNED) John C. Crichton

DATED this Seventeenth day of February one thousand eight hundred and fifty nine

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

£20
James Colbert
16/2/59
76 3
S.C.A
2/2/60
869
1st Augt 1861

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) County of Dumfries and his Substitutes,—

The Petition of William Smith Rowson in Musselburgh humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Grace Smith or M'Neil his 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 Grace Smith or M'Neil to the Southern County Asylum and to sanction her admission into the said Asylum.

(SIGNATURE) William Smith

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

DATED this Second (3) day of August one thousand eight hundred and Sixty one 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,	Grace Smith or M'Neil
2. Sex and Age,	Female Aged About 53 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Formerly Wife of Brewer House Servant
5. Religious Persuasion, so far as known,	Free Church
6. Previous Place of Abode,	Glencorse House Lowants
7. Place where Found and Examined,	Chapel Street Musselburgh
8. Length of time Insane,	For several Months
9. Whether First Attack,	First Attack
10. Age (if known) on First Attack,	About 52 years
11. When and where previously under Examination and Treatment,	Lunatic Asylum Dundee
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,	Not Chargeable to any 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 his Family known to be or to have been Insane,	William Smith Rowson Her Husband residing at Musselburgh
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.

(SIGNATURE)* *Name,* William Smith

DATED this Second day of August one thousand eight hundred and Sixty one 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, Andrew Sommer being a (1) Member of the Royal College 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) Murrayshire residing in Chapel Street there in the County of Dundee separately from any other Medical Practitioner, visited and personally examined (4) Grace M'Neil or Smith wife of William Smith pensioner there and that the said Grace M'Neil or 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. Facts indicating Insanity observed by myself: (6) Unfounded suspicion that general people bear ill will towards her-believes she is to want or nothing but plantation before her which is not the fact.—

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Attempted murder by poisoning husband, one by procuring laudanum for that purpose which was taken from her, at another time throwing herself into the water—and three times attempted to cut her throat. Officers coming to take her

(SIGNED) *Name and Medical Designation,* Andr Sommer M.D.

Place of Abode, Lanniston, Glencairn

DATED this 31st day of July One thousand eight hundred and sixty 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.*

(6) *State the facts.*

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

I, the undersigned, Patrick R. Murray 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) 70 Glasgow Street Dundee in the County of Forfarshire separately from any other Medical Practitioner, visited and personally examined (4) Grace M.c Neil or Smith and that the said Grace M.c Neil or 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. Facts indicating Insanity observed by myself: (6) In reply to questions put to me, the State that she can give no reason for anything she does, that she hears voices & is always trying to commit suicide by cutting her throat & has attempted to do so three times.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Inspector States that she has attempted to commit suicide

(SIGNED) *Name and Medical Designation,* P. Murray M.B.

Place of Abode Dundee

DATED this 2d day of August one thousand eight hundred and 61

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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, Alexander Hannay (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Smith Dumfries in Minnyhive Certificates under the hands of Andrew Lorimer and Patrick Murray, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Grace McNeil or Smith wife of Applicant and that ~~the said~~ she 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 Grace McNeil or Smith 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 Grace McNeil or Smith which accompanied the said Petition.

(SIGNATURE) Alex Hannay

DATED this second day of August one thousand eight hundred and sixty one

To the Superintendent of the (7) Public
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, or Private.

Grace Duck or
McNeil
2d August 1861

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) Shire *of* Dumfries *and his Substitutes,—*

The Petition of Alexander Hewison Inspector of Poor of Morton

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Ferguson, 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 Isabella Ferguson to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(Signed) Alex. Hewison Inspector of Poor for the parish of Morton

(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 Sixty One 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,	Isabella Ferguson
2. Sex and Age,	Female -
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Seamstress
5. Religious Persuasion, so far as known,	U. P.
6. Previous Place of Abode,	Thornhill
7. Place where Found and Examined,	Thornhill & Examined at the Southern Counties Asylum
8. Length of time Insane,	Nearly six Months
9. Whether first Attack,	No
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	In the Southern Counties Asylum 4 years ago
12. Duration of existing Attack,	Nearly six 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,	Morton
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	John Ferguson Sadler Thornhill her Brother -
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

(Signed)* Name, Alex. Hewison

Dated this Sixth day of August one thousand eight hundred and Sixty one years

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1200.

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 Scott being a (1) Graduate of University of Edin
and being in actual practice as a (2) Physician & Surg
hereby certify, on soul and conscience, that I have this day, at (3) the Southe
Counties Asylum in the County
Dumfries separately from any other Medical Practitione
and visited and personally examined (4) Isabella Ferguson
and the said Isabella Ferguson 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.:—

1. Facts indicating Insanity observed by myself: (6) declines ha
the angel Gabriel is constantly present w
her & converses with him and said she
was assumed by him - &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Dr Grierson says she holds w
with angels & Spirits

(SIGNED) *Name and Medical Designation,* William Scott

Place of Abode, Dumfries

DATED this 6th day of August One thousand eight
hundred and 61

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, Samuel Smeaton being a (1) Member of the Royal College of Surgeons England
and being in actual practice as a (2) 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,
and visited and personally examined (4) Isabella Ferguson
late Keeper of a coffee house in Thornhill and that
the said Isabella 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. Facts indicating Insanity observed by myself: (6) She is very
restless & excited. Labours under
delusions - holding hourly communion
with angels archangels &c

2. Other facts (if any) indicating Insanity communicated to me by others. (7)
Mr Hewison Inspector of Poor mentioned the
there was a report that she had threatened
to administer poison to many neighbours
has assaulted a lady in (illegible) Name and Medical Designation, Samuel Smeaton Surg
lady's own house -

Place of Abode, Southern Counties Asylum

DATED this Sixth day of August one thousand eight
hundred and Sixty-one

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, Alexander Hannay Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander Aewson, Inspector of Poor of Dunscore Certificates under the hands of William Scott and Samuel Grierson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Isabella Ferguson, in Thornhill a pauper and that the said Isabella 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 Isabella Ferguson as a Patient into the (6) Public Asylum of Southern Counties, Dumfries and I authorise the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Ferguson which accompanied the said Petition.

(SIGNED) A. Hannay

DATED this Seventh day of August one thousand eight hundred and sixty one

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.

8771

Isabella Ferguson

30th August 1864

Unto the Honourable the SHERIFF of Dumfriesshire and his Substitutes :—

The Petition and Complaint of ALEXANDER YOUNG, Procurator-Fiscal of Court for Her Majesty's Interest,

HUMBLY SHEWETH, That on 17th July 1861 and on various occasions previously Isabella Ferguson, a Coffee House Keeper in Thornhill in the parish of Morton & County of Dumfries did wantonly maliciously & mischievously tie and fasten with Cord and Nails the back door of the House in Thornhill aforesaid occupied by John Sloan Coal dealer there so that he and the members of his Family could not get out of their said House by said door. But it is believed the said Isabella Ferguson is in a state of Insanity threatening danger to herself and the Liages in proof whereof a Medical Certificate by And.w C. Chalmers M.D of 26th July Current is herewith produced, and the Complainer MAY CRAVES WARRANT for her Commitment to some place of safe custody forthwith to be granted by Your Lordships in terms of the Act 20 & 21st Vic: Cap 71. § 85.

May

Lunacy Board.—Dec.—57.—2993.

* To be Signed by the Party applying.

May it therefore please your Lordships t
grant Warrant to Officers of Court an
their Assistants to apprehend the sai
Isabella Ferguson

and bring her before you for examina
tion, thereafter to be dealt with accordin
to Law, and also to cite Witnesses to b
precognosced anent the crime charged i
common form. And also as to the
state of mind of the said Accuse
and to direct as to the disposal
of the deceased in terms of the
According to justice
Alex Young

Dumfries, 27 July 1861.—Grants Warrant as crave
and in the meantime* for further Grants
Warrant for the detention of the
person of the accused in the Dumfries
or Lochmaben Combers Asylum as
a place of safe custody in terms
of the Statute and notice thereof
within referred to, and ordains
one witness to be cited

John D. Hodder

* In respect of the
Medical Certificate
under the hand of
Dr Chalmers of Dalbeth
herewith produced.

ore please your Lordships to
ant to Officers of Court and
ants to apprehend the said

before you for examina
fter to be dealt with accordin
d also to cite Witnesses to be
d anent the crime charged in
m. And also as to the
mind of the said Accused
dent as to the disposal
ecured in terms of the
ording to justice

—Grants Warrant as craved.
time for the Grants
detention of the
ued in the Criminal
Asylum at
custody in terms
detention thereof
ts, and as craved

* To be Signed by the Party applying.

8/71

8/71

PETITION AND COMPLAINT,

THE PROCURATOR-FISCAL.

v.

Isabella Ferguson

27 July 1861

Mal.: Mis.: & Impr.

3d Augt 1861

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

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 (†) Sheriff *of the* (‡) Shire of Dumfries *and his Substitutes,—*

The Petition of the undersigned

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Kirkpatrick is at present in a state of Mental Derangement, and 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 Kirkpatrick to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) John Copland Inspector for Kirkpatrick

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

DATED this 3rd (*) day of Aug. one thousand eight hundred and Sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	John Kirkpatrick
2. Sex and Age,	Male. 47 years
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kirkpatrick Durham
7. Place where Found and Examined,	Cora Cottage: Kirkgunzeon
8. Length of time Insane,	Eight days
9. Whether first Attack,	First
10. Age (if known) on first Attack,	47 years
11. When and where previously under Examination and Treatment,	not Known
12. Duration of existing Attack,	Eight 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,	Kirkgunzeon
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,	Thomas Kirkpatrick. resides at Lockerby Mother & maternal aunt were insane
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 Copland Inspector for Kirkgunzeon

DATED this 3rd day of Aug. one thousand eight hundred and sixty one

* To be Signed by the Party applying.

Lunacy Board,—Dec.—37.—1500.

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 Paterson Lewis M.B. ——
being a (1) Graduate of the University of Glasgow
and being in actual practice as a (2) Physician ——
hereby certify, on soul and conscience, that I have this day, at (3) Cora Cottage Parish of Kirkpatrick ——— in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) John Kirkpatrick Assaye and that the said John 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) Does Know his age — does not know when he come to house he is now inclined me to cut his throat — wild, excited eyes expression of countenance; talkin a rambling manner

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The parties who have him in charge tell me that he frequently attempts taking his own life: pleads for a razor or knife to do so — Broke all the cups were found in a kitchen drawer the other day

(SIGNED) *Name and Medical Designation,* John Paterson Lewis M.B.

Place of Abode, Dalbeattie

DATED this 3rd day of August One thousand eight hundred and Sixty one

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, Thomas Macknight Masterton
being a (1) Member of the Royal College of Physicians Ed
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Cora Cottage Parish of Kirkpatrick separately from any other Medical Practitioner, visited and personally examined (4) John Kirkpatrick Assaye and that the said John Kirkpatrick 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) Talks incoherently attempted to strangle himself in my presence that he but forgets having seen me strangle himself often previous How I could during my examination by [illegible] wishes to be put an end to by the shortest means a

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Biggar wife to Lodger says that he has broken the dishes in his room when he formerly lodged there has attempted to commit suicide by [illegible] that three and four persons [illegible]

(SIGNED) *Name and Medical Designation,* Thomas Macknight Masterton

Place of Abode Bellevue Cottage Dalbeattie

DATED this 3rd day of August one thousand eight hundred and 61

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 John Kirkpatrick is a (1) person of unsound mind hereby further certify that the Case of the said John Kirkpatrick is One of Emergency, and I recommend the immediate removal of the said John Kirkpatrick to an Asylum accordingly.

Name, John Peterson Lewis

Place of Abode, Dalbeattie

DATED this 5th day of August one thousand eight hundred and sixty one

(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, Alexander Kennay (1) Sheriff Substitute of the (2) Shire of Dumfries having had produced to me, with a Petition at the instance of (3) Wm Copland Inspector of Poor for Kirkcudbright Certificates under the hands of John Peterson Lewis and Thomas MacKnight, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Wm Kirkpatrick at Corra, a pauper and that the said Wm Kirkpatrick is a (5) Lunatic & of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Wm Kirkpatrick 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 Wm Kirkpatrick which accompanied the said Petition.

(SIGNED) A. Kennay

DATED this 5th day of August one thousand eight hundred and sixty one

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.

8 of 2

John Kirkpatrick

3d Augt 1861

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.

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

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

The Petition of James Boyce Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Jackson is at present in a state of Mental Derangement and 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 Jackson, Westerkirk to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNATURE) James Boyce Inspector of Westerkirk

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

DATED this Thirtieth (3) day of August one thousand eight hundred and Sixty one.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	George Jackson
2. Sex and Age,	Male — 19 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,	Established Church of Scotland
6. Previous Place of Abode,	Langholm, Wamphray
7. Place where Found and Examined,	Rockhill Westerkirk
8. Length of time Insane,	about six 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,	—
13. Supposed Cause,	Religious Melancholy
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,	Westerkirk
18. Date of becoming Chargeable,	1st August 1861
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,	Thomas Jackson Father No Member
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.

(SIGNATURE)* *Name,* Thomas Jackson

DATED this First day of August one thousand eight hundred and Sixty one.

* 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 Hay
being a (1) Legally qualified Medical Practitioner
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Kirkton House in the Parish of Wallstonkirk in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) George Jackson Farm Servant and that the said George Jackson is a (5) Person of Unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts*

1. Facts indicating Insanity observed by myself: (6) The eyes are fixed and incapable of observing a steady object. His answers to questions are given somewhat rapid - sometimes in a hesitating manner. His demeanour is unsteady, manifesting depression. He is a portrait like that his delusions should not lead into violence.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His Father stated to me that on one occasion when he said he was going to bed in the room he was afraid that he meant to destroy himself

(SIGNED) *Name and Medical Designation,* William Hay Surgeon

Place of Abode, Kirkmahoe

DATED this 27th day of July One thousand eight hundred and Sixty one

---

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 Johnstone Carlyle
being a (1) Doctor of Medicine (Edin.)
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Kirkton House in the Parish of Wallstonkirk in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) George Jackson Farm Servant Kirkton House and that the said George Jackson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts*

1. Facts indicating Insanity observed by myself: (6) Much depression and delusions: Incoherent state and talkative at times.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His father and mother state that he has been much from sleep badly, and has frequent depression and a excitement: and that they are afraid he may injure himself

(SIGNED) *Name and Medical Designation,* W. J. Carlyle M.D. & Surgn

Place of Abode Langholm

DATED this Second day of August one thousand eight hundred and Sixty One.

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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

(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, Alexander Ramsay (1) Sheriff Substitute
of the (2) County of Dumfries James Bryce
having had produced to me with a Petition at the instance of (3)
Inspector of Poor Wigtown Kirkcudbright
Certificates under the hands of William Hay
and Wellwood Maxton Carlyle, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Jackson, Furnisherman, Kirkcudbright and that ~~the said~~ he 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 Jackson 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 George Jackson which accompanied the said Petition.

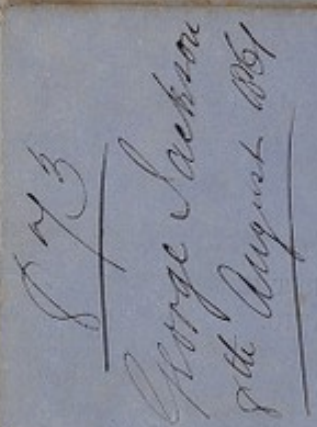
(SIGNATURE) Alex Ramsay

DATED this 5th day of August one thousand eight hundred and Sixty Six

To the Superintendent of the (6) 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.



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.

Unto the Honourable the (*) Sheriff *of the* (*) Shire of Dumfries *and his Substitutes,—*

(*) Sheriff or Steward.
(*) Shire or Stewartry.

The Petition of Mrs Mary Galloway Maxwell, or Billing residing at No 12 Dean Terrace Edinburgh humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Horace Billing, Chemist, Edinburgh is at present in a state of Mental Derangement and 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 Horace Billing to the Crichton Royal Institution for Lunatics, Dumfries and to sanction his admission into the said Asylum.

(SIGNATURE) Mary Billing

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

DATED this Eighth (*) day of August one thousand eight hundred and sixty one —

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	William Horace Billing
2. Sex and Age,	Male - 33 last birthday
3. Married, Single, or Widowed,	Married -
4. Condition of Life, and previous Occupation (if any),	Homopathic chemist -
5. Religious Persuasion, so far as known,	Established church -
6. Previous Place of Abode,	Glasgow before coming to Edin.
7. Place where Found and Examined,	Edinburgh
8. Length of time Insane,	not known - this is a case of hypomania
9. Whether First Attack,	no
10. Age (if known) on First Attack,	32 -
11. When and where previously under Examination and Treatment,	Crichton Royal Institution
12. Duration of Existing Attack,	several weeks.
13. Supposed Cause,	Opium & drinking
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,	The petitioner, his wife, residing at 12 Dean Terrace Edinburgh. None of the relations 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.

(SIGNATURE)* *Name,* Mary Billing

DATED this Eighth day of August one thousand eight hundred and sixty one.

* 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, John McGilchrist.
being a (1) Doctor of Medicine & a Scientiate of the Royal College of Surgeons Edin.
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3)
22 Dean Terrace Edinburgh
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) William Horne Bilbrig, Chemist residing at 22 Dean Terr
and that
the said
is a (5) person
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts*

1. Facts indicating Insanity observed by myself: (6)
Mode is a dipsomaniac can opium enter - having lost his self control, & being unable to refrain for any length of time from the excessive use of alcohol & opium: Looks very excited, has violent language towards his wife & mother

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Formerly under treatment in an asylum under similar circumstances: His mother says he has twice gone out of the house (to get drink, &c) in the middle of the night - His cousin says that he has attempted to poison him twice - His wife & mother concur in declaring that

(SIGNED) *Name and Medical Designation,* John McGilchrist M.D., L.R.C.S.E.

Place of Abode, 53 Castle Street Edinburgh

DATED this Ninth day of August One thousand eight hundred and Sixty One

---

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 Gilchrist M.D.
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) Charlton House Institution Dumfries
in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) William Horne Bilbrig
Chemist of Edinburgh
and that
the said William Horne Bilbrig is a (5) Person
of unsound mind and a proper person to be detained
under Care and Treatment, 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 nervous and sleepless ~~to-day~~ ~~about~~ and ~~neglects~~ his hours of Personally excitable Has an un Controllable Craving for Drink and Stimu

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Admits that he cannot Control his appetite - That he wanders about and neglects his business - That he cannot Control his irritability

(SIGNED) *Name and Medical Designation,* James Gilchrist M.D.

Place of Abode Charlton House Dumfries

DATED this 11th day of August one thousand eight hundred and sixty one.

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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

Name, John M.c Gilchrist M.D. &c

Place of Abode, 63 Castle St. Edinr.

DATED this Ninth day of August One thousand eight hundred and Sixty One

(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 Patrain Trotter (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Mr. Mary Galloway Maxwell or Billing residing at No. 32 Dean Terrace Edinburgh Certificates under the hands of John M.c Gilchrist and James Gilchrist, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Horace Billing Chemist, Edinburgh - and that the said William Horace Billing 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 Horace Billing 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 William Horace Billing which accompanied the said Petition.

(SIGNATURE) John P. Trotter

DATED this Twelfth day of August one thousand eight hundred and Sixty one years.

To the Superintendent of the (6) 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, or Private.

880
Ann Rosina Billings
10/8/61
57

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 or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) County of Ayr *and his Substitutes,—*

The Petition of Peter Macpherson Supr. of Poor Maybole humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Spiers is at present in a state of Mental Derangement, and 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 Spiers to the Royal Edinburgh Asylum Dumfries and to sanction her admission into the said Asylum.

(SIGNED) P Macpherson

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

DATED this thirteen th (*) day of August One thousand eight hundred and Sixty One

---

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Agnes Spiers
2. Sex and Age,	Female 26 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Sewer & Knitter
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	School House Maybole
7. Place where Found and Examined,	Some place
8. Length of time Insane,	From Childhood
9. Whether first attack,	The first known attack
10. Age (if known) on first Attack,	About the age of 16
11. When and where previously under Examination and Treatment,	Morningside Asylum & Dumfries Asylum
12. Duration of existing Attack,	5 days
13. Supposed Cause,	not Known
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No. when let alone
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Lenwade, Wigtownshire
18. Date of becoming Chargeable,	has been a pauper on the Parish of Lenwade since last in Asylum
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,	Jean Spiers. Sister. School House Maybole none of her relations 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.

(SIGNED)* Name, P Macpherson Supr of Poor Maybole

DATED this thirteen th day of August One thousand eight hundred and Sixty One

* 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, Robert Grieve
being a (1) L.R.C.P.E.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) School House Maryfield Ayr
separately from any other Medical Practitioner, in the County of
visited and personally examined (4) Agnes Spiers, Pauper
the said Agnes Spiers and that
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) would not answer questions, to the Medicine or do what she was asked, does not sleep and talks incoherently.

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

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

Will do nothing. She is wanted and has been in an asylum before, Her sister Jean Spiers states that she has all her previous symptoms of insanity

(SIGNED) Name and Medical Designation, Robert Grieve, Surgeon

Place of Abode, Maybole

DATED this 11th day of August One thousand eight hundred and 61

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, Brandford
being a (1) L.F.P.S.G.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) School House Maybole, Ayr
separately from any other Medical Practitioner, in the County of
visited and personally examined (4) Agnes Spiers Pauper
the said Agnes Spiers and that
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) Unable to [illegible] refused & kept [illegible] appearance of the eye & tongue [illegible]

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

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

Her sister Mrs Shearer Mrs Simmons & [illegible] she has all the symptoms of insanity [illegible] the last time she was in [illegible]

(SIGNED) Name and Medical Designation, [illegible]

Place of Abode, Maybole

DATED this 13th day of August One thousand eight hundred and 61

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

(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 Craig Esquire (1) Sheriff Substitute
of the (2) County of Ayr
having had produced to me, with a Petition at the instance of (3) Peter M'Cracken Inspector of Poor Maybole Certificates under the hands of Robert Girvan Surgeon and Robert Crawford 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) Agnes Spears Pauper and that the said Agnes Spears is a (5) Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Spears as a Patient into the (6) Public Crichton 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 Agnes Spears which accompanied the said Petition.

(SIGNED) W. Craig

DATED this thirteenth day of August One thousand eight hundred and sixty one years

To the Superintendent of the (7) Public Crichton 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, or Private.
(7) Public, District, or Private.

8 7/4

Agnes Spiers

14th August 1864

20 & 21 *Vict., Cap.* 71, *Sect.* 84.

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 *and his Substitutes,—*

The Petition of Joseph Welsh

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Clark is at present in a state of Mental Derangement, and 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 Clark to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(SIGNED) Joseph Welsh Depute of Parochiquan

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

DATED this Fourteenth (2) day of August one thousand eight hundred and Forty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	William Clark
2. Sex and Age,	Male. Age 30 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	General Labourer
5. Religious Persuasion, so far as known,	Reformed Presbyterian
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	Maxwelltown Parochiquan
8. Length of time Insane,	
9. Whether first Attack,	First Attack
10. Age (if known) on first Attack,	30 years
11. When and where previously under Examination and Treatment,	Nothing no Information
12. Duration of existing Attack,	Slightly for years Insane for weeks
13. Supposed Cause,	Intemperance & Habits immoderation
14. Whether subject to Epilepsy,	Not known of
15. Whether Suicidal,	Not known of
16. Whether Dangerous to others,	Not known of
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parochiquan.
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	John Clark Maxwelltown Uncle to the Patient none of the relations even known to have been Insane
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,* Joseph Welsh Depute of Parochiquan

DATED this Fourteenth day of August one thousand eight hundred and Forty one

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1260.

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* and being in actual practice as a (2) *otherwise, as the case may be.*

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

I, the undersigned, Patrick Murray being a (1) Graduate of the University of Edin
Physician
hereby certify, on soul and conscience, that I have this day, at (3) 41 Glas
Queensberry
Pollokshields in the County
separately from any other Medical Practitione

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

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

visited and personally examined (4) William Clarke a pauper
and the
the said William Clarke is a (5) Lunatic
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) States that
his wife cohabits with their Gen (un
fair) that he lost Ashmaton, destroy
his penis with a hot iron, thinks his fingers are to be
cut off, and that he intends to commit

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

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

(SIGNED) *Name and Medical Designation,* P Murray M D

Place of Abode, Stewarton

DATED this 6th day of August One thousand eight
hundred and

MEDICAL CERTIFICATE, No. II.

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

(2) Physician or Surgeon, *or* and being in actual practice as a (2) *otherwise, as the case may be.*

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

I, the undersigned, Alexander Berthwick M
being a (1) Graduate of the University of Edinburg
Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 41 Glasgow
Queensberry
Pollokshields in the County of
separately from any other Medical Practitioner

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

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

visited and personally examined (4) William Clarke a pauper
and that
the said William Clarke is a (5) person of
unsound mind
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Depression of
and many very absurd delusions

(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 been ill for years
& has become very jealous of late, & threaten
to take away her own life

(SIGNED) *Name and Medical Designation,* Alex Berthwick M

Place of Abode, Dumfries

DATED this 14th day of August one thousand eight
hundred and sixty one

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, Alexander Hannay Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Joseph Welsh Inspector of Poor of Torpenhow Certificates under the hands of Patrick Murray and Alexander Borthwick, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Clark in Maxwelltown, a pauper and that the said William Clark is a (5) Lunatic & of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Clark as a Patient into the (6) Public Asylum of Southern Counties, Dumfries and I authorise the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Clark which accompanied the said Petition.

(SIGNED) Alex Hannay

DATED this Fourteenth day of August one thousand eight hundred and sixty one 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.

William Earle
14th August 1854

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

1. Christian Name and Surname at length, .
2. Sex and Age, .
3. Married, Single, or Widow
4. Condition of Life, and pr (if any), .
5. Religious Persuasion, so fa
6. Previous Place of Abode,
7. Place where Found and Ex
8. Length of time Insane,
9. Whether First Attack,
10. Age (if known) on First At
11. When and where previously tion and Treatment,
12. Duration of Existing Attac
13. Supposed Cause,
14. Was he subject to Epilepsy
15. Whether Suicidal, .
16. Whether Dangerous to othe
17. Parish or Union to which t Pauper], is Chargeable,
18. Date of becoming Chargeab
19. Christian Name and Surnam Abode of nearest known Patient, and degree of known), and whether su Family known to be or sane, . .
20. Special circumstances (if an insertion of any of the a

I certify, that, to the be

Dated this 2 Jonu

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) County *of* Dumfries *and his Substitute.*

The Petition of Robert Moncrieff Rome humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Bell or Veitch is at present in a state of Mental Derangement and 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 Bell or Veitch to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNATURE) R. M. Rome

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

DATED this Fourteenth (*) day of August one thousand eight hundred and fifty one

---

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Margaret Bell or Veitch
2. Sex and Age,	Female, 60 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Formerly a Domestic Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Langholm
7. Place where Found and Examined,	do at times for 3 years
8. Length of time Insane,	No.
9. Whether First Attack,	54 years
10. Age (if known) on First Attack,	Southern Counties Asylum Dumfries
11. When and where previously under Examination and Treatment,	been coming on for weeks
12. Duration of Existing Attack,	no.
13. Supposed Cause,	yes.
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	Langholm
16. Whether Dangerous to others,	February 25th
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	James Bell, Weaver Southfork
18. Date of becoming Chargeable,	Pelkirk (Brother)
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,	Her 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.

(SIGNATURE)* Name R. M. Rome

DATED this Fourteenth day of August one thousand eight hundred and fifty one

* 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, William Johnston Gayle
being a (1) Doctor of Medicine (2nd. 1841)

and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Kirkmyre, Langholm, Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Margaret Bell or Beattie, a Pauper residing in Kirkmyre, Langholm and that the said Margaret Bell or Beattie is a (5) insane person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Has frequent Excitement & occasional very violent: Labouring under delusions such as her Stephen having murdered her son – has attempted to hang herself on the supposition Murderers children; and with great difficulty was restrained a few days ago to attempt

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
the above facts have been communicated to me also by her Stephen & Niece

(Signed) Name and Medical Designation, W. J. Gayle M. D. Langholm

Place of Abode, Langholm

Dated this 14th day of August One thousand eight hundred and Eighty one

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 Haycroft
being a (1) a Surgeon.

and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Kirkmyre Langholm, Dumfriesshire in the County of separately from any other Medical Practitioner, visited and personally examined (4) Margaret Bell or Beattie, a Pauper residing in Kirkmyre Langholm and that the said Margaret Bell or Beattie is a (5) insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Succeeded frequently by violent excitement, delusions respecting her sons particularly whom she has not seen at present & is not known whether they are dead or alive; considerable restlessness being followed by seizures &c &c.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The aggravated aberrations, above enumerated by herself to me, and confirmed by the immediate Family residing in the same house with her.

(Signed) Name and Medical Designation, William Haycroft, Surgeon

Place of Abode Langholm

Dated this fourteenth day of August one thousand eight hundred and Eighty one.

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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, Alexander Ramsay (1) Sheriff Substitute
of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert Monteith Rose Inspector of Lunacy Carlyle
Certificates under the hands of William Johnston Carlyle and William Maxwell —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Bell or Veitch residing in Langholm a pauper and that the said Margaret Bell or Veitch is a lunatic person
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Bell or Veitch as a Patient into the (5) Public Asylum of Northern 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 Bell or Veitch which accompanied the said Petition.

(SIGNATURE) Alex Ramsay

DATED this Fifteenth day of August one thousand eight hundred and sixty nine

To the Superintendent of the (5) Public Asylum of Northern 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.

876

Montgomery Bell vs Victor

19th Augt 1864

PET

Shell or Sword. Unto the
date or Seniority.

Com

hereby

Medical C

is at pres

Asylum fo

mission of

Matth

into the sa

(1) The date of the Petition must be within a fortnight (four days) following the date of the Medical Certificate.

Date

night last

If a

1. Christian Name and Surname in full, .

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 Observation and Treatment, .

12. Duration of existing Attack, .

13. Supposed Cause, .

14. Whether subject to Epilepsy, .

15. Whether Suicidal, .

16. Whether Dangerous to others, .

17. Facts indicating Insanity observed by the Medical Man (or which the Relieving Officer or other Person has Reported) in Certificate, .

18. Circumstances stated by Friends or others, and Name and Address of Informant, Relationship (if any) to the Patient, and degree of Reliance to be placed on their Statements (if known), and whether any Previous Attacks known to Medical Man, Relieving Officer, or Friends, or Reported to exist in the Patient's Family (known to be or to have been Insane, or Epileptic, or Habitual Drunkards, or Suicidal, or Dangerous to others), and if so, in what degree of relationship to the Patient, and whether on the Father's or Mother's side, and Name, .

19. Special circumstances (if any) which render the immediate reception or detention of the Patient necessary, .

I certify, that, to the best of my knowledge and belief, the above statements are correct.

Dated this Twenty-fourth day of August 1864

Lunacy Board.—No.—57.—1200.

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) County of Dumfries *and his Substitutes,—*

The Petition of Joseph Wells

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Ray residing in Marwellair is at present in a state of Mental Derangement, and 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 Ray " " " to the Southern Counties asylum — and to sanction his admission into the said Asylum.

(SIGNED) Joseph Wells Inspector of Poor Ireguen

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

DATED this twenty seventh (3) day of August one thousand eight hundred and Sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	John Ray
2. Sex and Age,	Male 70 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Poor. a Nailmaker, and Latly a Hawker
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Marwellaer Ireguen
7. Place where Found and Examined,	Parish of Parton
8. Length of time Insane,	for Sweal months
9. Whether first Attack,	first attack altho Slighty for years
10. Age (if known) on first Attack,	70 years
11. When and where previously under Examination and Treatment,	no treatment
12. Duration of existing Attack,	for Sweal months
13. Supposed Cause,	Religous delusions
14. Whether subject to Epilepsy,	not known of
15. Whether Suicidal,	threatens to take away his own life often
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Ireguen
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,	Has no near Relative known of
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	Has friend Rankin known Through Nonadense

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

(SIGNED)* *Name,* Joseph Wells Inspector of Poor Ireguen

DATED this twenty seventh day of August one thousand eight hundred and Sixty one

* To be Signed by the Party applying.

Lunacy Board.—Dec.—37.—1240.

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.*

I, the undersigned, Patrick Brown being a (1) Graduate of the University of Edinb and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 14 Mart Louisa Maundletown in the County o Tho Rendright separately from any other Medical Practitioner visited and personally examined (4) John Hay in Maun a Pauper and that the said John Hay is a (5) person of Unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(4) *Insert 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) States that Devil has got hold of his heart & that he comes to him at night, and me afraid from he steps that he reason to pass of Lan unless he see on Saviour.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The people in the house state that abominable to commit murder, fast and to keep out of the house

(SIGNED) *Name and Medical Designation,* P Brown L

Place of Abode, Queen Sq

DATED this 27 day of August One thousand eight hundred and 60

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.*

I, the undersigned, Alexander Bathurst M being a (1) Graduate 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) 94 Mart Square, Maxwelltown in the County of Tho Rendright separately from any other Medical Practitioner visited and personally examined (4) John Hay, Maxwelltown a Pau and that the said John Hay is a (5) person of unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(4) *Insert 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) States that Devil has got his heart and that he feels d raised about his soul since attending Wesl Meetings some months since He keeps repeat Other facts (if any) indicating Insanity communicated to me by others: (7) M Hay, Duke Street in Maxwelltown informs me he has attempted to drown himself and to th himself out the window during last night

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

(SIGNED) *Name and Medical Designation,* Alex Bathurst M. Ms

Place of Abode, Dumfries

DATED this 24th day of August one thousand eight hundred and sixty one

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, Alexander Hannay (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me with a Petition at the instance of (3) Joseph Wolsh
Inspector of Poorers
Certificates under the hands of Patrick Murray
and Alexander Borthwick, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Hay, Hawker, a pauper and that the said Ann Hay is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ann Hay as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ann Hay which accompanied the said Petition.

(SIGNED) A. Hannay

DATED this 27th day of August one thousand eight hundred and sixty one 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.

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) County of Dumfries *and his Substitutes,*—

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Johnstone residing at Gas Close Dumfries is at present in a state of Mental Derangement, and 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 Johnstone to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(Signed) John Dinwoodie

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

Dated this Fourth (3) day of September One thousand eight hundred and Sixtyone

STATEMENT.

If any 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 Johnstone
2. Sex and Age,	Male 30 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	do Soldier
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Dublin
7. Place where Found and Examined,	do & Dumfries
8. Length of time Insane,	About five Months
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	About 30 years
11. When and where previously under Examination and Treatment,	Dublin
12. Duration of existing Attack,	About five Months
13. Supposed Cause,	fall from a Horse
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 meantime
18. Date of becoming Chargeable,	3d September 1861
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 Johnstone. Gas Close Dumfries his father None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Not Known Exactly

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

(Signed)* Name, John Dinwoodie Inspector

Dated this Third day of September One thousand eight hundred and Sixtyone

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, William Marshall
being a (1) Graduate of the Faculty of Physicians Glasgow and College of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) High Close Dumfries in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Thomas Johnstone
and that the said Thomas Johnstone 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) Talks incoherently states that he came from the Cell of the Scotch Cabinet & another time that he was in the Theatre Royal there to take part with them in their theatricals performs many absurd acts from one to (to...

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Much the same as above

(Signed) Name and Medical Designation, Wm Marshall M.D.

Place of Abode Buccleuch Street Dumfries

Dated this 5 day of September One thousand eight hundred and Sixty one 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, Patrick Heron
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) Hillside House Dumfries in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Thomas Johnstone Pauper
and that the said Thomas Johnstone 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) States that on the Queen & the Speaker were brought before him in place of Lord Lovat that he has been engaged at the Queens Theatre Dublin to act Velan Tolbin that he has to take 6 pints of gin & Lime in

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
States that yesterday in the Asylum he took a spell & ran down the Garden path like one mad & some time in succession runs up from one end to another

(Signed) Name and Medical Designation, P Heron M.D.

Place of Abode Dumfries

Dated this 6th day of September One thousand eight hundred and 61

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert 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 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, ~~Alexander Hannay~~ Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Dinwoodie Inspector of Poor Dumfries Certificates under the hands of William Marshall and Patrick Murray, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Johnstone residing in Mains Close Dumfries Parish and that the said Thomas Johnstone is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Johnstone 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 Johnstone which accompanied the said Petition.

(SIGNED) Alex. Miller

DATED this Fourth day of September One thousand eight hundred and sixty one

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

20 & 21 *Vict., Cap.* 71, *Sect.* 84.

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 George Thompson Dyer in Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Andrew Thompson Cask Builder is at present in a state of Mental Derangement, and 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 Thompson (my son) to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) _____

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

DATED this Tenth (3) day of September one thousand eight hundred and sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Andrew Thompson
2. Sex and Age,	Male Age 29
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Cabinmaker
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	upwards of a twelvemonth
9. Whether first Attack,	No Second
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	In Southern Counties Asylum ago at above
12. Duration of existing Attack,	upwards of twelvemonths
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,	
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,	George Thompson Dyer his Father St Michael St Dumfries
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

(SIGNED)* *Name,* George Thompson

DATED this Tenth day of September one thousand eight hundred and Sixty one

* 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, James Greive Graduate of Medicine and Licentiate of the [illegible] being a (1) College of Surgeon Edin. and being in actual practice as a (2) Physician in Dumfries hereby certify, on soul and conscience, that I have this day, at (3) 4 Michaelmas Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Andrew Thompson and that the said Andrew Thompson 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) great excitement and violence, dangerous to himself and to others

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Former attack of a similar character — once or twice in the Lunatic Institution

(SIGNED) *Name and Medical Designation,* James Greive M.D. Surg.
Place of Abode, Dumfries
DATED this 6th day of Sept One thousand eight hundred and 61

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 Johnstone M.D. being a (1) Graduate of the University of Edinburgh Physician and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Ivy Mount Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Andrew Thompson Couch Builder Dumfries and that the said Andrew Thompson is a (5) Person of unsound 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) is restless and excited

2. Other facts (if any) indicating Insanity communicated to me by others. (7) occasionally violent and dangerous

(SIGNED) *Name and Medical Designation,* James Johnstone M.D.
Place of Abode, Carlton House Dumfries
DATED this Twenty fourth day of Sept one thousand eight hundred and Sixty one

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in case 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 Andrew Thompson is a (1) Lunatic hereby further certify that the Case of the said Andw Thompson is One of Emergency, and I recommend the immediate removal of the said Andrew Thompson to an Asylum accordingly.

Name, James Greive Md Surgeon

Place of Abode, Buccleuch Street

DATED this 6th day of Sept. one thousand eight hundred and sixty one

(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, Alexander Hannay, (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) George Thomson Dyer in Saint Michael street Dumfries Certificates under the hands of James Greive and James Gilchrist, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Thompson, Coachbuilder Dumfries and that ~~the said~~ he is a 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 Andrew Thompson as a Patient into the (5) Public Asylum of Southern Counties Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Andrew Thompson which accompanied the said Petition.

(SIGNED) A. Hannay

DATED this Seventh day of September one thousand eight hundred and sixty one

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.

849

Andrew Thompson

6th September

1864

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) Steward *of the* (2) Stewartry of Kirkcudbright *and his Substitutes,—*

The Petition of George J. L. Scott

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Joan Newbigging is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Joan Newbigging to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) George J. L. Scott

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

DATED this Ninth (3) day of September One thousand eight hundred and Sixty One

---

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Joan Newbigging
2. Sex and Age,	Female, About 20
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,	Parish of Penninghame
7. Place where Found and Examined,	Minnigaff
8. Length of time Insane,	Three or four 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,	Three or four days
13. Supposed Cause,	Not ascertained Known, some attempts at education Looms a probable 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,	Undetermined as yet, probably Leadhills is at present chargeable to Minnigaff
18. Date of becoming Chargeable,	9th Septr 1861
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,	Widow Newbigging; mother. A Brother known to have been insane, a sister also slightly paternal
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.

(SIGNED)* Name, George J. L. Scott

DATED this Ninth day of September One thousand eight hundred and Sixty One

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James Moore

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) 13 Park Crescent Newton Stewart Wigtownshire in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Joan Newbiggin, Pauper and that the said Joan Newbiggin is a (5) person of unsound 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 disposition, habits of life & general appearance are quite changed. She exhibits the common symptoms of admiring questions & has all the symptoms of a person of unsound Mind.

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

Her friends have great trouble in keeping her from hunting beasts & others.

(SIGNED) *Name and Medical Designation,* James Moore M.D. Ed.

Place of Abode, Newton Stewart

DATED this 6th day of Sept. One thousand eight hundred and eighty one

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

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

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

(4) *Insert 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 Practitioner, visited and personally examined (4)

and that 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)

(SIGNED) *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 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 Joan Newbigging, a pauper, is a (1) person of unsound mind hereby further certify that the Case of the said Joan Newbigging is One of Emergency, and I recommend the immediate removal of the said Joan Newbigging to an Asylum accordingly.

Name, James Clare M.D.

Place of Abode, Newton Stewart

DATED this 6th day of Sept. One thousand eight hundred and eighty-one

(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 Hyacinth Dunbar Jr. (1) Steward Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) George L. C. Scott Inspector of Poor Minnigaff Certificates under the hands of James Clare M.D. 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) Joan Newbigging, a Pauper and that the said Joan Newbigging 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 Joan Newbigging as a Patient into the (6) Dumfries Lunatic 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 Joan Newbigging which accompanied the said Petition.

(SIGNED) W H Dunbar

DATED this fourth day of September One thousand eight hundred and Seventy-one years

To the Superintendent of the (7) Dumfries Lunatic 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.

Ann Rowbotham
11th September 1874

(1) Sheriff or Steward.
(2) Elder or Secretary.

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

1. Christian Name and Surname,
2. Sex and Age,
3. Married, Single, or Widow
4. Condition of Life, and
(if any),
5. Religious Persuasion,
6. Previous Place of Abode,
7. Place where Found and
8. Length of time Insane,
9. Whether First Attack,
10. Age (if known) on First
11. When and where previous
tion and Treatment,
12. Duration of Existing Att
13. Supposed Cause,
14. Whether subject to Epile
15. Whether Suicidal,
16. Whether Dangerous to o
17. Parish or Union to which
Pauper] is Chargeable,
18. Date of becoming Charge
19. Christian Name and Sur
Abode of nearest kno
Patient, and degree
known], and whether
Family known to be
sane,
20. Special circumstances (if
insertion of any of the

I certify, that, to the b

Dated this Twelf

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.

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

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

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Murdoch or Carrie residing in Dumfries is at present in a state of Mental Derangement and 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 Murdoch or Carrie to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNATURE) John Dinwoodie

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

DATED this Twelfth (3) day of September one thousand eight hundred and Sixtyone.

STATEMENT.

If any 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 Murdoch or Carrie
2. Sex and Age,	Female 46 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Housekeeper
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	do
8. Length of time Insane,	Not Exactly Known
9. Whether First Attack,	No
10. Age (if known) on First Attack,	About 45 years
11. When and where previously under Examination and Treatment,	Dumfries & S. Counties Asylum
12. Duration of Existing Attack,	Not Exactly Known
13. Supposed Cause,	Strong Drinks
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,	
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,	Not Known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Not Exactly Known

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

(SIGNATURE)* Name, John Dinwoodie Inspector

DATED this Twelfth day of September one thousand eight hundred and Sixtyone

* To be Signed by the Party applying.

1st 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 Faculty of Physicians & Surgeons Glasgow and College of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Police Office Dumfries Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Helen Murdoch or Carrie and that the said Helen Murdoch or Carrie 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) Talks incoherently. Has delusions with regard to large quantities of property and great friends, is fearfully [illegible]

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her friends found it impossible to manage her, till they had her confined in the [illegible]

(SIGNED) *Name and Medical Designation,* William Marshall M.D.

Place of Abode, Dunlop Street Dumfries

DATED this 12 day of September One thousand eight hundred and Sixty 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, William Scott being a (1) (Physician) Graduate of the Univ of Edin & Physician and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Dumfries Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Helen Murdoch or Corrie and that the said Helen Corrie 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 incoherent and unable to state two delusions re money & property &

(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 has been wandering the streets night & day for a has been formerly in the Asylum;

(SIGNED) *Name and Medical Designation,* William Scott

Place of Abode Dumfries

DATED this 12th day of Septem one thousand eight hundred and 61

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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, Alexander Hannay Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dinwoodie
Inspector of Poor, Dumfries
Certificates under the hands of William Marshall
and William Scott, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Murdoch or Corrie, Dumfries a pauper and that ~~she said~~
She is (5) Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Murdoch or Corrie 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 Helen Murdoch or Corrie which accompanied the said Petition.

(SIGNATURE) Alex Hannay

DATED this 12th day of September one thousand eight hundred and sixty one

To the Superintendent of the (6) 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.

Helen Rumbold or Orme
12th September 1864

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) Steward Substitute *of the* (2) Stewartry of Kirkcudbright *and his Substitutes,—*

The Petition of Richard Newall after designed

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Nathaniel Burkby residing in Castledouglas is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Nathaniel Burkby ——— to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) Rich: Newall Inspector of Poor

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

DATED this twelfth (3) day of September one thousand eight hundred and sixty one 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,	Nathaniel Burkby
2. Sex and Age,	Male Fifty nine
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,	Castledouglas
7. Place where Found and Examined,	Castledouglas
X 8. Length of time Insane,	since 18 June last
9. Whether first Attack,	Second Attack
10. Age (if known) on first Attack,	about 56 years of age
11. When and where previously under Examination and Treatment,	Castledouglas and undertreatment in the Southern Counties asylum
† 12. Duration of existing Attack,	above two months
† 13. Supposed Cause,	Unknown
† 14. Whether subject to Epilepsy,	No
† 15. Whether Suicidal,	No
† 16. Whether Dangerous to others,	Dangerous
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kelton
† 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Elizabeth Burkby wife
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,* Rich: Newall Inspector

DATED this thirteenth day of September one thousand eight hundred and sixty one

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1200.

Kelton Parochial Board
12th September 1861

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 Lindlands being a (1) Licentiate of the Royal College of Surgeons in Edinburgh and Physician and Surgeon, (2) and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Academy Castle Douglas Kirkcudbright in the County separately from any other Medical Practitioner visited and personally examined (4) Nathaniel Burkbie, Academy Street, Castle Douglas, a Pauper and the said Nathaniel Burkbie is a (5) person of unsound 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) Labours under the delusion that parties conversing together on the Street are busy forming plans to do him a serious injury; gets much excited when he observes two or more people engaged in conversation.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Informed me that he has great difficulty in being to take food, as he imagines that poison is put in it. At times sits in below a bed & tears his clothes

(SIGNED) *Name and Medical Designation.* James Lindland, L.R.C.S.

Place of Abode. Castle Douglas

DATED this twelfth day of September One thousand eight hundred and sixty one

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 Lindlay of Glasgow being a (1) M. D. of the College of Glasgow and Physician and Surgeon, (2) and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Academy Castle Douglas Kirkcudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) Nathaniel Burkby Academy Street Castle Douglas a Pauper and that the said Nathaniel Burkby is of unsound mind (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) He labours under the delusion that Parties conversing together on the Street are busy forming plans to do him some bodily injury, gets much excited when he observes two or more persons engaged in conversation

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He informed me that he has great difficulty in taking his food, & wants to throw it away, as he imagines that poison is put in it. At times sits in below the bed & tears his clothes

(SIGNED) *Name and Medical Designation,* James Lindlay, M.D.

Place of Abode, Castle Douglas

DATED this twelfth day of Sept. one thousand eight hundred and sixty one

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 Rhannth Dunbar (1) Ele Steward Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Richard Rowat Certificates under the hands of James Laidlaw and James Gridlay, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Nathaniel Burkbie a Pauper and that the said Nathaniel Burkbie 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 Nathaniel Burkbie as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorise the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Nathaniel Burkbie which accompanied the said Petition.

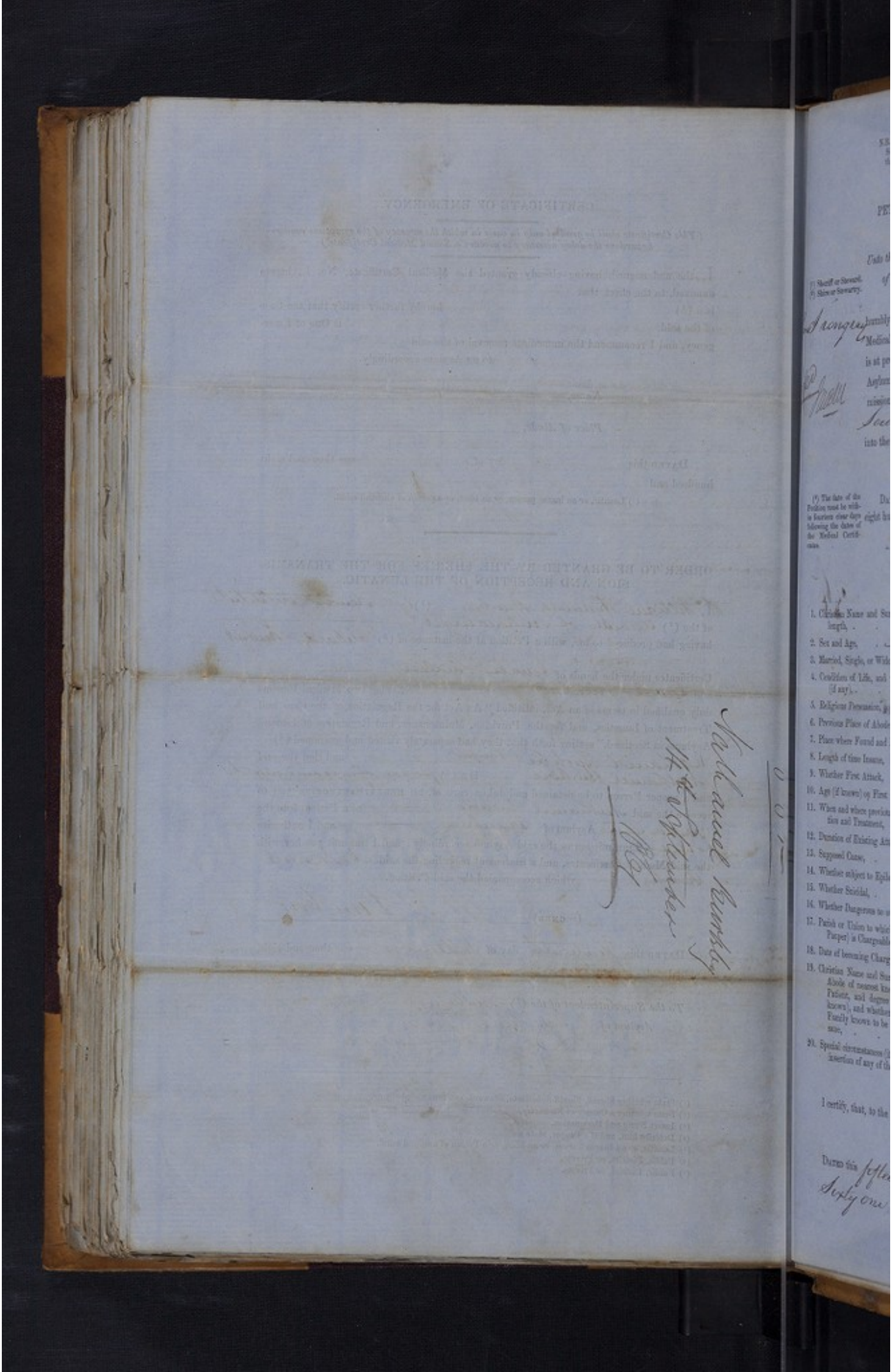
(SIGNED) W. R. Dunbar

DATED this Nineteenth day of September one thousand eight hundred and Sixty one years

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.



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.

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

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

The Petition of Joseph Carmichael, Inspector of Poor Strongray humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Douglas is at present in a state of Mental Derangement and 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 Douglas to the Southern Counties Asylum, and to sanction his admission into the said Asylum.

(SIGNATURE) J. Carmichael Inspector

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

DATED this fifteenth (3) day of September one thousand eight hundred and Sixty one

---

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Thomas Douglas
2. Sex and Age,	Male – aged 21 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,	Church of Scotland
6. Previous Place of Abode,	Carsewell Inglestone Strongray
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	Several days
9. Whether First Attack,	2nd attack (very much)
10. Age (if known) on First Attack,	19 years of age
11. When and where previously under Examination and Treatment,	None
12. Duration of Existing Attack,	a few days
13. Supposed Cause,	Fall from a horse,
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	Somewhat
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Strongray
18. Date of becoming Chargeable,	14 Sept. 1861
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,	John Douglas, Carsewell – His father – 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.

(SIGNATURE)* Name, J. Carmichael Insp.

DATED this fifteenth day of September one thousand eight hundred and Sixty one

* 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, Wellcome Thomas Marshall being a (1) Graduate of the Faculty of Physicians and Surgeons Glasgow and College of Medicine and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Nithsdale Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas Douglas pauper the said Thomas Douglas 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) Thomas Douglas informs himself says he would rather have a Psalm on Sunday gets up in the and rambles away from home &c &c

(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 his life has often threatened by his son and that he considers if he gets out of bed and imagines he hears voices

(SIGNED) *Name and Medical Designation,* W. Wellcome Marshall M.B. &c. &c.

Place of Abode, Buccleuch Street Dumfries

DATED this 18th day of September One thousand eight hundred and Seventy 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, Patrick B. Freeman 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) Nithsdale Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas Douglas, Lunatic pauper the said Thomas Douglas 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) Answers questions rationally as to ordinary affairs of life, states that he is troubled at night by people singing & talking in the house, he [illegible] about & disturbs the [illegible]

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

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

(SIGNED) *Name and Medical Designation,* P. Freeman M.B.

Place of Abode Dumfries

DATED this 6th day of Sept one thousand eight hundred and [illegible]

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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 Stewart Trotter (2) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me with a Petition at the instance of (3) Joseph Carmichan Inspector of Poor, Stranraer
Certificates under the hands of William Marshall
and Patrick Murray, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Douglas farm servant, Carswell Inspector Stranraer and that the said Thomas Douglas 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 Douglas as a Patient into the (6) Public Asylum of Southern Counties 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 Douglas which accompanied the said Petition.

(SIGNATURE) John S. Trotter

DATED this Nineteenth day of September one thousand eight hundred and Sixty one years.

To the Superintendent of the (6) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Stewart 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.

Roman Douglas
19th September
1864

1.
2.

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 or Steward. (†) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (†) Shire of Dumfries and the Substitutes, Lord Ormidale

The Petition of ~~John Doherty~~ Lochmaben

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Doherty my 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 Doherty to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(Signed) Hugh R. Corrie Rep.

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

Dated this 24th (*) day of Sept One thousand eight hundred and sixty one

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Jane Doherty
2. Sex and Age,	Female aged Seventeen
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Servant
5. Religious Persuasion, so far as known,	Established church
6. Previous Place of Abode,	Maryfield, Lochmaben
7. Place where Found and Examined,	Maryfield Lochmaben
8. Length of time Insane,	Ten months
9. Whether first attack,	Bothtower, Dryfesdale.
10. Age (if known) on first Attack,	Sixteen years.
11. When and where previously under Examination and Treatment,	Hutton farm, Hutton Parish
12. Duration of existing Attack,	Three weeks.
13. Supposed Cause,	None
14. Whether subject to Epilepsy,	Never
15. Whether Suicidal,	Occasionally threatened
16. Whether Dangerous to others,	Towards her mother
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	None
18. Date of becoming Chargeable,	~~And~~ chargeable to Lochmaben
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,	John Doherty, labourer Maryfield Parish of Lochmaben, Father. Mary Barton, Mother, had a brother Uncle 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.

(Signed)* Name, John Doherty

Dated this 23d day of September One thousand eight hundred and Sixty One

* To be signed by the Party applying.

P. p.

Thomas Douglas
to the Petitioner
1861

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 Alexander Fraser M.B.
being a (1) Member of the Royal College of Surgeons
England, and Licentiate of Midwifery
and being in actual practice as a (2) Surgeon at Lochmaben
hereby certify, on soul and conscience, that I have this day, at (3) Maryfield
cothouses in the Parish of Lochmaben in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Jane Doherty residing
at Maryfield Cothouses Lochmaben and that
the said Jane Doherty 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) She is restless,
very talkative occassionally, and at other
times morose and silent. She is very anxious
to be out of the house;

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her father and mother have told me
that she is very noisy and has attempted
to commit suicide, has threatened her
life, and has told other persons that she will
do anything, they wish but nothing her own
(SIGNED) *Name and Medical Designation,* Wm H. F. Leoth
M.R.C.S. Edin. L.R.C.P.

Place of Abode, High Street Lochmaben

DATED this Twenty third day of September One thousand eight
hundred and Sixty one

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 Gilchrist M.B.
being a (1) Graduate of the University
of Edinburgh Physician
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3) Fortune
Cottage asylum Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Jane Doherty pauper lunatic
at Maryfield Lochmaben a pauper
and I have report. and that
the said John Doherty is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) By Patient
Cook is stupid & dirty & she avoids
Mrs Doherty & Mrs Doherty & Mrs Doherty since
Xmas last & her husband avoids.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Doherty at home - refused to be
controlled by - threatening to strike her husband
and others - has run away several
As stated by Inspector
(SIGNED) *Name and Medical Designation,* James Gilchrist M.B.
Fortune Asylum

Place of Abode, Fortune Asylum Dumfries

DATED this 24th day of Sept- One thousand eight
hundred and sixty one

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, Alexander Hannay, Sheriff Substitute,
of the (2) County of Dumfries
having had produced to me with a Petition at the instance of (3) Hugh D. Currie
Inspector of Poor Lochmaben and Thomas Alexander Fraser Scott
Certificates under the hands of Thomas Alexander Fraser Scott
and James Aldcroft —, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Doherty a pauper, at Maryfield and that the said
Jane Doherty is a (5) insane person & of
unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Doherty 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 Doherty which accompanied the said Petition.

(SIGNED) A. Hannay

DATED this 24th day of September One thousand eight hundred and sixty one

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.

Ann Docherty
24th September
1861

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

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

1. Christian Name and Surname, length, .
2. Sex and Age, .
3. Married, Single, or Widowed, .
4. Condition of Life, and Occupation (if any), .
5. Religious Persuasion, .
6. Previous Place of Abode, .
7. Place where Found and Apprehended, .
8. Length of time Insane, .
9. Whether First Attack, .
10. Age (if known) on First Attack, .
11. When and where previously under Medical Care 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 Pauper is Chargeable, .
18. Date of becoming Chargeable, .
19. Christian Name and Surname of Nearest Relative or Friend with whom Lunatic has been living before Admission into Asylum, Hospital, or Licensed House (if nearest known Relative or Friend of Patient, and degree of Relationship, if known), and whether Married or Single, and Rank or Occupation in Life, and Place of Abode of Family known to be most recently with him or her, .
20. Special circumstances (if any) rendering immediate reception or detention of any of the above Lunatics necessary, .

I certify, that, to the

Dated this fourth

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.

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

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

The Petition of Margaret Hay 30 Regent Terrace Edinburgh humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that My son John Hay is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mr John Hay to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(SIGNATURE) Margaret Hay

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

DATED this fourth (3) day of October one thousand eight hundred and Sixty one.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	1. John Hay
2. Sex and Age,	2. Male aged twenty four years
3. Married, Single, or Widowed,	3. Single
4. Condition of Life, and previous Occupation (if any),	4. Surgeon & Pertinentalist
5. Religious Persuasion, so far as known,	5. Protestant
6. Previous Place of Abode,	6. Edinburgh
7. Place where Found and Examined,	7. 30 Regent Terrace Edinburgh
8. Length of time Insane,	8. Several years
9. Whether First Attack,	9. Repeated attacks
10. Age (if known) on First Attack,	10. About Seventeen
11. When and where previously under Examination and Treatment,	11. Edinburgh. London. Newington Asylum
12. Duration of Existing Attack,	12. Not known
13. Supposed Cause,	13. Hereditary
14. Whether subject to Epilepsy,	14. No
15. Whether Suicidal,	15. Has three times made an attempt on his own life
16. Whether Dangerous to others,	16. Has certainly attempted his Mother several times. Has struck a female Servant. used frequently threatening to Murder People.
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,	19. Margaret Hay, 30 Regent Terrace Edinburgh Mother of the patient. Same.
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.

(SIGNATURE)* Name, Margaret Hay

DATED this fourth day of October one thousand eight hundred and Sixty one

* 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, John Hughes Bennett being a (1) Doctor in Medicine & Professor of Medicine in 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) 30 Royal Terrace, Edinburgh Midlothian — in the County of separately from any other Medical Practitioner, visited and personally examined (4) Mr John Hay and that the said John Hay is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Occasional maniacal excitement & incoherence of ideas — Occasional violence towards near relatives — want of control in managing his affairs & his conduct — total absence of morality in his conversation & actions —

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Three times attempted suicide — Often threatened & once actually attempted the life of his mother — Utterly unreasonable & extravagant conduct on numerous occasions —

(SIGNED) *Name and Medical Designation,* John Hughes Bennett M.D

Place of Abode, 1 Hamilton Street — Edinburgh

DATED this 27th day of September One thousand eight hundred and sixty one —

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 Henry Lowe M.D. being a (1) Fellow of the Royal College of Physicians in Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 30 Regent Terrace Edinburgh in the County of Midlothian separately from any other Medical Practitioner, visited and personally examined (4) Mr John Hay and that the said Mr John Hay 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) Expression of Countenance indicative of Insanity — Great excitability in speaking — Irritability of temper — with discursive & inconclusive reasoning — in my presence wished that his mother were dead — Imagines to contain himself & is in my opinion dangerous while at large —

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

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

(SIGNED) *Name and Medical Designation,* W. H. Lowe

Place of Abode Lauriston Lane

DATED this 27th day of September one thousand eight hundred and sixty one

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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 Steuart Trotter Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Margaret Hay
30 Regent Terrace Edinburgh
Certificates under the hands of John Hughes Bennett
and William Henry Lowe, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Hay, Surgeon & Naturalist Edinburgh and that the said
John Hay is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Hay as a Patient into the (6) Public Asylum of Crichton Royal Institution 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 Hay which accompanied the said Petition.

(SIGNATURE) John S. Trotter

DATED this Seventh day of October one thousand eight hundred and Sixty one

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, 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]

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

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 Ayr *and his Substitutes,—*

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

The Petition of William Murray Watchman Pensioner Royal for the District of Brechin

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William McWhinnie Chapeldonan Ayrshire is at present in a state of Mental Derangement and 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 McWhinnie to the Crichton Royal Institution Dumfries and to sanction his admission into the said Asylum.

(SIGNATURE) W Murray.

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty seventh (3) day of September one thousand eight hundred and Sixty one.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William McWhinnie
2. Sex and Age,	Male. apparently about 55 or 56
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Cotter & Farmer Now retired, on account of ill health.
5. Religious Persuasion, so far as known,	United Presbyterian
6. Previous Place of Abode,	Sometime Farmer Blairston Maybole
7. Place where Found and Examined,	Chapeldonan Ayrshire
8. Length of time Insane,	about a year or so
9. Whether First Attack,	Has been in a similar state for the last year & half an inmate of Crichton Asylum.
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	At Crichton Institution Dumfries
12. Duration of Existing Attack,	12 months or so.
13. Supposed Cause,	Hereditary disposition & intemperance
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	~~No~~ Uncertain
16. Whether Dangerous to others,	Considered so.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not a Pauper
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Wife Mary Dick or McWhinnie lives with him at Chapeldonan. Not aware of any Brothers or Sisters have been insane, but his Uncles & Aunts have.
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.

(SIGNATURE)* *Name,* W Murray.

DATED this Twenty seventh day of September one thousand eight hundred and Sixty one.

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Fergus Roberts M
being a (1) Licentiate of the Faculty of physicians &c
of Glasgow
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Chapeldonan
near the town of Girvan in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) William M'Whinnie, Lately a
Farmer, now retired to Chapeldonan House and that
the said William M'Whinnie is a (5) person of
Unsound Mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
Sleeplessness, and Change of his manners - to ob
of Speech and Irritable temper. offering violence to his near
Relatives & to friends. and spending his time in fruitless efforts to pu
some of them in Emigrating —

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His Wife says he spends his money foolishly and offers to
Houses and Lands which he is unfit to occupy, and to u
in business with which he is unacquainted -

(SIGNED) Name and Medical Designation, Fergus Robertson, Surgeon

Place of Abode, Girvan.

DATED this 26th day of September One thousand eight hundred and Sixty one

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert 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 Taylor
being a (1) Licentiate of the Faculty of Physicians & Surgeons
in Glasgow
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Chapel Donan
house, near to town of Girvan - - - in the County of
Ayr - - - - separately from any other Medical Practitioner,
visited and personally examined (4) William Mc Whinnie, Lately a Farmer
& now retired & residing in Chapel Donan house and that
the said William Mc Whinnie - - is a (5) person of un
Sound 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) His manner is very incon
sible - he sometimes talks seriously and at other times puts on to a
vein of extravagant humour. Seems to believe that he has been Capt
tain of a vessel at sea & has been in China & most other parts of the
world. Talks of having been at College about 30 years ago & of his
being in the Arctic with Wah - ale of which being so think of his since
a gradation. -

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Have
been informed that he was at a former time an inmate of the Dum
fries Lunatic Asylum - that he purposes establishing a Lunatic Asy
lum & thinks himself quite capable of conducting such an establi
ment. And that from being very careful of his means he has become too
free of his money & from being of a religious cast, is now somewhat wild.

(SIGNED) Name and Medical Designation, John Taylor Surgeon

Place of Abode Girvan

DATED this Twenty Seventh day of September one thousand eight hundred and Sixty One.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert 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 of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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 Christison Esq. advocate, Sheriff (2)
of the (3) County of Ayr
having had produced to me with a Petition at the instance of (4) William Murray Miller Swan, Procurator Fiscal for the district of Girvan
Certificates under the hands of Fergus Robertson
and John Taylor, being two Medical Persons duly qualified in terms of an Act intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5)
William Mc Whinnie Chapeldonan Girvan and that the said
William Mc Whinnie 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 Mc Whinnie 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 William Mc Whinnie which accompanied the said Petition.

(SIGNATURE) John Christison

DATED this 28th day of September one thousand eight hundred and one.

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, or Private.

882

Wm Wm Mc Whinnie

20/9/61

Petition

William Munay

Wm

Order to receive

William Mc Whinnie

into a Lunatic Asylum

1861

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 or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff. *of the* (*) Shire of Dumfries *and his Substitutes,—*

The Petition of John Drummond Shawhead

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Drummond my 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 Drummond to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNATURE) John Drummond

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 2d (*) day of October one thousand eight hundred and 61

STATEMENT.

If any 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 Drummond
2. Sex and Age,	Male — 25 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Black Smith
5. Religious Persuasion, so far as known,	Free Church
6. Previous Place of Abode,	Shawhead
7. Place where Found and Examined,	Examined at Dumfries
X 8. Length of time Insane,	~~1~~
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	25 years
X 11. When and where previously under Examination and Treatment,	
Y 12. Duration of Existing Attack,	
13. Supposed Cause,	None 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 his Family known to be or to have been Insane,	John Drummond Shawhead — father. 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.

(SIGNATURE)* Name, John Drummond

DATED this Third day of October +one thousand eight hundred and Sixty

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Alexander Berthwick M. Ch. D.
being a (1) Graduate 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) Residence Mill Dumfries in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) John Drummond, Blacksmith
Shawfield Dalgarny and that
the said John Drummond is a (5) Person of Unsound
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 taciturn and dejected in spirits, and has a pleasing expression

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His father states that he has declined to work and has fancies developed about money matters and inclines to wander about in the night

(SIGNED) *Name and Medical Designation,* Alex Berthwick M. M.

Place of Abode, Dumfries

DATED this 3d day of October One thousand eight hundred and eighty one

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert 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 Gibson M.D.
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) Residence Carlton Terrace Dumfries in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) John Drummond Blacksmith Shawfield Dalgarny and that
the said John Drummond is a (5) Person of Unsound Mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) I observed his spirits taciturn and answers questions with hesitation.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His father states he has declined to work and has fancies about money matters

(SIGNED) *Name and Medical Designation,* James Gibson M.D.

Place of Abode Carlton Terrace Dumfries

DATED this third day of Septr one thousand eight hundred and eighty one

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert 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 of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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, Alexander Haneray — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Drummond Shawhead Dumfries Certificates under the hands of Alexander Borthwick and James Gilchrist, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Drummond, Blacksmith, Shawhead and that the said John Drummond 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 Drummond 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 John Drummond which accompanied the said Petition.

(SIGNATURE) Alex Haneray

DATED this Third day of October — one thousand eight hundred and Sixty one Year.

To the Superintendent of the (6) 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.

Miss Drummond
30 October 1861

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) Stewartry of Kirkcudbright *and his Substitutes,—*

The Petition of Rich'd Kennat Inspector of Poor Kirkcudbright and Substitute Stewartry of humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Gordon residing in Rhonehouse is at present in a state of Mental Derangement, and 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 ——— to the Southern Counties Asylum and to sanction his admission into the said Asylum. Your Lordship's

(SIGNED) Rich'd Kennat Inspector

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Second (3) day of October one thousand eight hundred and Sixty one.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Agnes Gordon
2. Sex and Age,	Female 55 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Outworker
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Rhonehouse
7. Place where Found and Examined,	Rhonehouse
8. Length of time Insane,	A few days
9. Whether first Attack,	First
10. Age (if known) on first Attack,	Unknown
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	A few 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,	Kelton
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 Gordon residing in Kirkcud- bright Brother. Not known any where insane.
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,* Rich'd Kennat

DATED this Second day of October one thousand eight hundred and Sixty one

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1200.

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 Laidlaw being a (1) Licentiate of the Royal College of Surgeons in Edin and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Rhonehouse in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Agnes Gordon a Pauper and that the said Agnes Gordon is a (5) person of unsound 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) Labours under certain delusions, the leading one being, that her house is not sanctified & consequently cannot live in it takes pens deb in unlarging her neighbours, is restless excitable & forms plots to her best friends.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs McGill a neighbour informs me that her natural character is totally changed that she imagines that peo have conspired against her & that she must consequently unceasingly watch them, all which is a perfect delusion.

(SIGNED) *Name and Medical Designation,* James Laidlaw L.R.C.S.

Place of Abode, Castle Douglas

DATED this first day of October One thousand eight hundred and 61

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 Findlay being a (1) M.D. & Surgeon (Edinr and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Rhonehouse in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Agnes Gordon a Pauper and that the said Agnes Gordon is a (5) Person of unsound 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) Labours under the delusions that her House is no sanctified and cannot live in it. She goes from house to house and annoys her neighbours

2. Other facts (if any) indicating Insanity communicated to me by others. (7) Her neighbours informs me that her character has been altered since last year. Mostly that keeps muttering to herself & appears to be annoyed

(SIGNED) *Name and Medical Designation,* James Findlay M.D.

Place of Abode, Castle Douglas

DATED this second day of Oct. One thousand eight hundred and 61

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 Hyacinth Dunbar Esq. (1) Steward Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Richard Hurst Inspector of Poor Kirkcudbright Certificates under the hands of James Buchan and James Finlay, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Endon a Pauper and that the said Agnes Endon 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 Endon as a Patient into the (6) Dumfries Asylum of Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Endon which accompanied the said Petition.

(SIGNED) W H Dunbar

DATED this third day of October one thousand eight hundred and Forty nine years.

To the Superintendent of the (7) Dumfries 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.

886

Agnes Gordon
6th October 1860

Petition

Rich. Hewat, Inspector
Poor Rector

for

Admission of Agnes
Gordon to the Asylum

1861

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 or Steward. (†) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (†) County of Ayr and his Substitutes,—

of

The Petition of James Balsillie Inspr of Poor for Parish of Kilmarnock

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Campbell 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 William Campbell to the Royal Lunatic Asylum Dumfries and to sanction his admission into the said Asylum.

(SIGNED) Jas. Balsillie Insp of Poor

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty second (*) day of October One thousand eight hundred and Sixty one 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,	William Campbell
2. Sex and Age,	Male 26 years of age
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Shoemaker & Trade
5. Religious Persuasion, so far as known,	Member of the Free Church
6. Previous Place of Abode,	Robertson Place Kilmarnock
7. Place where Found and Examined,	17 Robertson Place Kilmarnock
8. Length of time Insane,	Three days
9. Whether first attack,	First attack
10. Age (if known) on first Attack,	26 years of age
11. When and where previously under Examination and Treatment,	None under Examination & treatment until now
12. Duration of existing Attack,	Three days
13. Supposed Cause,	Religion
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,	Kirkconnell in the County of Dumfries
18. Date of becoming Chargeable,	21st October became Chargeable as an Insane person
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,	Agnes Clemie his wife lives at 17 Robertson Place Kilmarnock. His Mother took Insane and died in the Royal Lunatic Asylum Dumfries about 12 months 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.

(SIGNED)* Name, Jas. Balsillie Insp of Poor

DATED this Twenty second day of October One thousand eight hundred and Sixty one 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.*

I, the undersigned, John Thomson
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) 17 Robertson Place Kilmarnock
in the County of Ayr
separately from any other Medical Practitioner,
visited and personally examined (4) William Campbell, Shoemaker, a pauper, enrolled by the Parish of Kilmarnock and that
the said William Campbell is a (5) Lunatic.
[illegible] and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Great Mutability of Tongue and constant incoherence of Language, chiefly on religious subjects

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
From his Aunt and Keeper
His mother died in an Asylum after several years confinement
Has been Labouring under Phthisis for a
Having expectorated a considerable amount of blood

(SIGNED) *Name and Medical Designation,* John Thomson Surgeon

Place of Abode, Ring Street Kilmarnock

DATED this 22 day of October One thousand eight hundred and Sixty 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.

(6) *State the facts.*

I, the undersigned, John Rorland
being a (1) Graduate of the University of Glasgow
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 17 Robertson Place Kilmarnock
in the County of Ayr
separately from any other Medical Practitioner,
visited and personally examined (4) William Campbell a Pauper
the said William Campbell Pauper 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) He talks incoherently — His body in constant motion — refused to answer any questions — at times dancing, singing, &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
From his Aunt & Keeper
That he is constantly talking incoherently on religious subjects — at times excitable & at other times [illegible]

(SIGNED) *Name and Medical Designation,* John Rorland M.D.

Place of Abode, Ring Street Kilmarnock

DATED this 22 day of October One thousand eight hundred and Sixty one

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

(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, John Thomson (1) Sheriff Substitute
of the (2) County of Ayr
having had produced to me, with a Petition at the instance of (3) James Balcillie Inspector of Poor for the Parish of Kilmarnock
Certificates under the hands of John Thomson Surgeon
and John Boland 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 Campbell Shoemaker a pauper and that the said
William Campbell is a (5) Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Campbell as a Patient into the Dumfries Royal Asylum of Dumfries and I authorize you to cause Transmission to the said Asylum accordingly; and I transmit herewith the said Medical Certificates, and a Statement regarding the said William Campbell which accompanied the said Petition.

(SIGNED) John Thomson. S.S.

DATED this twenty second day of October One thousand eight hundred and sixty one.

To the Superintendent of the (6)
Public Royal 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.

887

William Campbell

23/10/61

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) County of Dumfries *and his Substitutes,—*

The Petition of Hugh B. Currie Inspector of Poor Lochmaben humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Henry Murphie in 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 Henry Murphie to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNATURE) Hugh B. Currie

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 25th (3) day of October one thousand eight hundred and Sixty one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Henry Murphie
2. Sex and Age,	male 68 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Lochmaben Parish
7. Place where Found and Examined,	Hythe, Lochmaben Parish
8. Length of time Insane,	Four weeks
9. Whether First Attack,	First attack of any consequence, but for some years has had mental delusions.
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	Nowhere
12. Duration of Existing Attack,	Four weeks
13. Supposed Cause,	None
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Attempted to strike his head on wall
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Lochmaben
18. Date of becoming Chargeable,	24th Oct 1861
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,	James Murphie Brother Liverpool. None known ever 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 knowledge, the above particulars are correctly stated.

(SIGNATURE)* Name, Hugh B. Currie

DATED this 25th day of October one thousand eight hundred and Sixty one

* To be Signed by the Party applying.

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, Thos. A. F. Scott being a (1) member of the Royal College of Surgeons London and Lincentiate of Midwifery and being in actual practice as a (2) General practitioner in Lochmaben hereby certify, on soul and conscience, that I have this day, at (3) High St Lochmaben Parish Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Henry Murphie and that the said Henry Murphie is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 constantly swearing and using profane language, betimes sings Psalms and moneyable chan to Scripture will not eat as he thinks he has been or dead to do so from Heaven,

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) I have been told that for some ~~others~~ yrs he has laboured under the delusion that thing he did was revealed to him from Hea

(SIGNED) *Name and Medical Designation,* Thos. A. F. Scott Sur

Place of Abode, High St Lochmaben

DATED this 25th day of October One thousand eight hundred and sixty one

---

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 Gibson MA being a (1) Graduate of the University of Edinburgh Physician and being in actual practice as a (2) Physician 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) Henry Murphie laborer and pauper from Lochmaben and that the said Henry Murphie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 excited talks incoherently - raves frequently and without provocation

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(SIGNED) *Name and Medical Designation,* James Gibson MA

Place of Abode, Southern Counties Asylum Dumfries

DATED this 26th day of October one thousand eight hundred and sixty one

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Henry Murphie Wigha Lochmaben parish is a (1) person of unsound mind hereby further certify that the Case of the said Henry Murphie is one of Emergency, and I recommend the immediate removal of the said Henry Murphie to an Asylum accordingly.

Name, Thos. A. F. Scott Surgeon

Place of Abode, High St Lochmaben

DATED this 24th day of October One thousand eight hundred and Sixty one,

(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 Edgar Hollo (2) Sheriff Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (4) Hugh Brown Carrs Inspector of Poor Lochmaben Certificates under the hands of Thomas A. F. Scott and James Aldcorn, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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) Henry Murphie Labourer in Lochmaben a pauper and that the said Henry Murphie 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 Henry Murphie as a Patient into the (7) Public Asylum of Southern Counties Dumfries and I authorize its Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Henry Murphie which accompanied the said Petition.

(SIGNATURES) John Edgar Hollo

DATED this 26th day of October one thousand eight hundred and sixty one

To the Superintendent of the (8) 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.

(†) Sheriff or Steward.
(†) Clerk or Secretary.

humbly
Medic
is at p
Asylu
mission
Sou
into th

(†) The date of the Petition must be within fourteen clear days following the date of the Medical Certificates.

1. Christian Name and Sur
length, .
2. Sex and Age,
3. Married, Single, or Widow
4. Condition of Life, and pr
(if any),
5. Religious Persuasion, so f
6. Previous Place of Abode,
7. Place where Found and
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first At
11. When and where previously
tion and Treatment,
12. Duration of existing Attack
13. Supposed Cause,
14. Whether subject to Epilepsy
15. Whether Suicidal,
16. Whether Dangerous to othe
17. Parish or Union to which
Proper) is Chargeable,
18. Christian Name and Surna
Abode of nearest known
Patient, and degree of
known), and whether an
Finally known to be or
state,
19. Special circumstances (if any
insertion of any of the ab

I certify, that, to the bes

DATED this Seventy

Surrey Print.—Dec.—'61.—1000

8588
Henry Mayhew
1861

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 *of the* (2) County *and his Substitutes,—*

The Petition of Joseph Wilkie, Inspector of Poor

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Shannon Maxwell Town is at present in a state of Mental Derangement, and 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 Shannon — to the Southern Counties asylum and to sanction his admission into the said Asylum.

(SIGNED) Joseph Wilkie Inspector of Poor Roxburgh

(1) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty Ninth (1) day of October one thousand eight hundred and Sixty one Year

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Sarah Shannon
2. Sex and Age,	Female 30 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Pitcher of Wages in a Store
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Maxwelltown Roxburgh
7. Place where Found and Examined,	College Street Maxwelltown
8. Length of time Insane,	Abt weeks.
9. Whether first Attack,	Second Attack.
10. Age (if known) on first Attack,	28 years
11. When and where previously under Examination and Treatment,	Dr Grieve with her friends
12. Duration of existing Attack,	Two months
13. Supposed Cause,	
14. Whether subject to Epilepsy,	Not known of
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 Roxburgh
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,	Margaret Shannon her Mother, Her father was made in the same way but not so bad as to be sent into an 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, Joseph Wilkie Inspector of Poor Roxburgh

DATED this Twenty Ninth day of October one thousand eight hundred and Sixty One

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1200.

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 Murray, being a (1) Graduate of the University of Edin and (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 69 College in the County of Midlothian separately from any other Medical Practitioner, visited and personally examined (4) Sarah Shannon Pauper and that the said Sarah Shannon is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 suspect that the Various Complaints, she is coming for at this present time, and that frequent to this house is open, which there is one cause of her unsoundness

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) I know about anything in the house, I make about the whole night, says he may know any

(SIGNED) *Name and Medical Designation,* P Murray M

Place of Abode, Edinburgh

DATED this 28th day of October One thousand eight hundred and 69

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 Berthwick M.D. being a (1) graduate of the University of Edinburg and (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 69 College in the County of Midlothian separately from any other Medical Practitioner, visited and personally examined (4) Sarah Shannon a Pauper and that the said Sarah Shannon is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) various delusions regarding herself and her child being suffered with death, and about her prosecuting & receiving large sums of money to make up for the

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others. (7) William Malone a neighbour, states that she constantly talking about these delusions

(SIGNED) *Name and Medical Designation,* Alex Berthwick M.D.

Place of Abode, Edinburgh

DATED this 28th day of October one thousand eight hundred and Sixty nine

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 Pitcairn Trotter, Sheriff Substitute of the (2) County of Dumfries having had produced to me with a Petition at the instance of (3) Joseph Welsh Inspector of Poor of the parish of Dryfesdale Certificates under the hands of Patrick Murray and Alexander Borthwick being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Shannon, a pauper residing in Maxwelltown and that the said Sarah 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 Sarah Shannon as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Sarah Shannon which accompanied the said Petition.

(SIGNED) John P Trotter

DATED this 29th day of October one thousand eight hundred and sixty one.

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.

(1) Sheriff or Steward.
(2) Clerk or Secretary.

(3) The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

1. Christian Name and Sur
length, .
2. Sex and Age,
3. Married, Single, or Wid
4. Condition of Life, and
(if any), .
5. Religious Persuasion, a
6. Previous Place of Abode,
7. Place where Found and
8. Length of time Insane,
9. Whether First Attack,
10. Age (if known) on First
11. When and where previous
tion and Treatment,
12. Duration of Existing Att
13. Supposed Cause,
14. Whether subject to Epilep
15. Whether Suicidal,
16. Whether Dangerous to ot
17. Parish or Union to which
Pauper) is Chargeable,
18. Date of becoming Charge
19. Christian Name and Surn
Abode of nearest know
Patient, and degree o
known), and whether
Family known to be o
sane, .
20. Special circumstances (if a
insertion of any of the

I certify, that, to the be

DATED this

Ward Harmon
29/10/61
83

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.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Dumfries *and his Substitutes,—*

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of Mrs Dorothy Hume mother of the after designed Joseph Hume humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Joseph Hume, St Andrews is at present in a state of Mental Derangement and 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 Hume to the Crichton Royal Institution Dumfries and to sanction his admission into the said Asylum.

(SIGNATURE) D. Hume

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this First (3) day of November one thousand eight hundred and sixty one

---

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Joseph Hume
2. Sex and Age,	male Forty six
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Country gentleman formerly Captain in Buccleuch Militia Artillery
5. Religious Persuasion, so far as known,	Episcopalian
6. Previous Place of Abode,	St Andrews
7. Place where Found and Examined,	Crichton House Dumfries
8. Length of time Insane,	Some years
9. Whether First Attack,	He had frequent attacks
10. Age (if known) on First Attack,	Not known
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	Some days
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
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 Hume St Andrews 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.

(SIGNATURE)* *Name,* D Hume

DATED this First day of November one thousand eight hundred and sixty one

* 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, John Dickson M.D 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) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Joseph Hume - gentleman St Andrews and that the said Joseph Hume is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, 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 and general excitability - Confuse by visibility Restrain from stimulants at periodic intervals - Has had delirium tremens

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(SIGNED) *Name and Medical Designation,* John Dickson M.D

Place of Abode, Buccleuch Street Dumfries

DATED this 30th day of October One thousand eight hundred and Sixty one

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 Gilchrist M.D 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) Crichton Royal Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Joseph Hume a Gentleman from St. Andrews and that the said Joseph Hume is a (5) Person of unsound Mind and a proper person to be detained under Care and Treatment, 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 he is restless and excitable - says he has not the power of Control over his actions and desires to please himself under restraint

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Was had personal Monitor attends Friendly as stated by his own Nurse

(SIGNED) *Name and Medical Designation,* James Gilchrist M.D

Place of Abode Crichton Royal Dumfries

DATED this 30th day of October one thousand eight hundred and sixty one

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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 Kincaird Trotter (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me with a Petition at the instance of (3) Mrs Dorothy Hume Saint Andrews Certificates under the hands of John Dickson and James Stalker, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Hume, Saint Andrews son of Applicant and that the said Joseph Hume 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 Joseph Hume as a Patient into the (6) Public Asylum of Crichton Royal Institution 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 Joseph Hume which accompanied the said Petition.

(SIGNATURE) John K. Trotter

DATED this Fourth day of November one thousand eight hundred and sixty one

To the Superintendent of the (6) 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, or Private.

883
Capt. Joseph Hogan
30/10/61

(*) Sheriff or Steward.
(†) Slave or Servantry.

(*) The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

1. Christian Name and
length, .
2. Sex and Age,
3. Married, Single, or
4. Condition of Life,
(if any), .
5. Religious Persuasion
6. Previous Place of A
7. Place where Found
8. Length of time Insa
9. Whether First Attack
10. Age (if known) on F
11. When and where give
tion and Treatment
12. Duration of Existing
13. Supposed Cause,
14. Whether subject to E
15. Whether Suicidal,
16. Whether Dangerous
17. Parish or Union to w
Pauper) is Charge
18. Date of becoming Ch
19. Christian Name and
Abode of nearest
Patient, and deg
known), and whe
Family known to
sure, .
20. Special circumstance
insertion of any

I certify, that, to t

DATED this

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.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Dumfries *and his Substitutes,—*

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of William Roy, residing at Rosebank and Christopher Pringle Richardson, White Valentia in Her Majesty's Navy

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Roy my 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 Roy to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(SIGNATURE) Chr P Richardson

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 18th (*) day of Nov. one thousand eight hundred and sixty four

STATEMENT.

If any 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 Roy
2. Sex and Age,	Male 40
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Clerk
5. Religious Persuasion, so far as known,	Estab. Church
6. Previous Place of Abode,	Dalbeattie
7. Place where Found and Examined,	Crichton Royal Institution
8. Length of time Insane,	A partial Imbecile
9. Whether First Attack,	of weak mind
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	
13. Supposed Cause,	Constitutional
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Said to be 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 his Family known to be or to have been Insane,	William Roy Father Rosebank Dalbeattie 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.

(SIGNATURE)* *Name,* Chr P Richardson Jr.

DATED this 18th day of Nov. one thousand eight hundred and sixty four

* To be Signed by the Party applying.

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Clarke M.D
being a (1) Graduate of the University
of Edinburgh Physician
and being in actual practice as a (2)
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 Roy Watson Rosebank Cottage
the said Thomas Roy 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) is of weak
Mind - Person and excitable is liable
to excitement and admits that he can
not control himself - insists upon persons
being present in his room at night &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His friends have been frequently
interviewed and are agreed that
his Detention be carried into effect

(SIGNED) *Name and Medical Designation,* James Clarke M.D

Place of Abode, Crichton Royal Dumfries

DATED this 13th day of Nov. One thousand eight
hundred and Eighty one

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 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) the Crichton Royal
asylum Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Thomas Roy
the said Thomas Roy and that
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) Has delusions
says he has no control over his actions
says that he hears voices at night in his room
sometimes sees a number of men in his room at
night - he is anxious to be admitted a patient into the

(7) *State the information, and from whom derived.*

Asylum
2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His Fathers House Keeper says he has threatened
the lives of the Family by the use of the Knife at dinner
table he sells the clothes off his back for drink and
that he hears
voices and has delusions (SIGNED) *Name and Medical Designation,* William Scott M.D

Place of Abode Dumfries

DATED this 13th day of November one thousand eight
hundred and Eighty one.

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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 Pitcairn Trotter (2) Sheriff Substitute
of the (3) County of Dumfries
having had produced to me, with a Petition at the instance of (4) William Roy residing at Rosebank Dalbeattie and Christopher Pringle Robertson Writer in Dalbeattie, his Mandatory
Certificates under the hands of James Gilchrist and William Scott, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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) Thomas Roy, Clerk, residing at Rosebank foresaid and that ~~the said~~ he is a (6) 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 Thomas Roy as a Patient into the (6) Public Asylum of Crichton Royal 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 Roy which accompanied the said Petition.

(SIGNATURE) John P Trotter

DATED this 14th day of November one thousand eight hundred and Sixty one

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, or Private.

884

Thomas Bury

13/11/61

Petition
Wm Bury Esq.r
Mandatory
to
The Sheriff of Dumfries
1861

Mandate inter

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 or Steward. (‡) Shire or Stewartry.

Unto the Honourable the (†) Sheriff of ~~the~~ Wigton and Kirkcudbright and his Substitute for Wigtownshire

The Petition of Cornelius Murphy, Chief Constable of police for Wigtownshire

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jeremiah Murphy, Engineer, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jeremiah Murphy to the Crichton Royal Institution, Dumfries and to sanction his admission into the said Asylum.

(SIGNATURE) Cornelius Murphy

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fifteenth (*) day of November One thousand eight hundred and sixty-one

---

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jeremiah Murphy
2. Sex and Age,	Male, aged Twenty-one years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Second Class Engineer on board H.M. Steamer "Warrior"
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	On board the Warrior at Portsmouth
7. Place where Found and Examined,	Brighton
8. Length of time Insane,	About six weeks
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	Twenty one years
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	For last five weeks
13. Supposed Cause,	Over study and application to business
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	He has lately threatened violence to anyone hindering him leaving his house.
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,	Patient's father is Cornelius Murphy, this Petitioner, Chief Constable of Wigtownshire residing in Wigtown N.B. No Member 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.

(SIGNATURE)* Name, Cornelius Murphy

DATED this Fifteenth day of November One thousand eight hundred and sixty-one years

* To be signed by the Party applying.

P. T. O.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Robert D. Rose being a (1) Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Surgeon & hereby certify, on soul and conscience, that I have this day, at (3) Bank Street Wigtown in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Jeremiah Murphy Engineer presently residing in Wigtown and that the said Jeremiah Murphy is a (5) of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert 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)
Erratic in conversation, mind constantly on the subject of Engines & seems frightened that he may not get from his Government dismissal

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Father & brother, Neighbours inform me that he labours under Hallucinations & Illusions. Has threatened death of himself & others. Lots of times jumping twisted to get out of

(Signed) Name and Medical Designation, Robt. D. Rose L. R. C. S. Edin.

Place of Abode, Wigtown

Dated this 16th day of November One thousand eight hundred and Sixty One

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Samuel Snowdon being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician in Wigtown hereby certify, on soul and conscience, that I have this day, at (3) Bank Street Wigtown in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Jeremiah Murphy Engineer and presently residing in Wigtown and that the said Jeremiah 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.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert 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) Conversation incoherent, spoke of being afraid of the Government officials coming for him to cut off his limbs – eyes about an Examination in figures by Government, which I understand has not finished.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Father and mother state that he is very restless at times, will sit mute for hours, sometimes raves about Government officials coming to cut off his head and limbs and burn his body – that he has attempted to escape from the house by jumping out of the window which he materially broke. That he threatened to do all possible harm to himself and family – Mrs. & Miss Murphy – Mrs. & Misses Reid and Grant

(Signed) Name and Medical Designation, Samuel Snowdon M.D.

Place of Abode, Wigtown

Dated this ~~Sixteen~~ 15th day of November One thousand eight hundred and Sixty one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate and the Order of the Sheriff.)

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, Macduff Rhind Esqure advocate Sheriff Substitute (1)
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Cornelius Murphy Chief Constable of Police for Wigtownshire
Certificates under the hands of Robert D. Rose Surgeon
and Samuel Snowdon 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) Jeremiah Murphy Engineer residing in Wigtown and that the said Jeremiah 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 Jeremiah Murphy as a Patient into the (6) Crichton 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 Jeremiah Murphy which accompanied the said Petition.

(SIGNATURE) M. Rhind

DATED this sixteenth day of November One thousand eight hundred and sixty one years.

To the Superintendent of the (7) Crichton
Asylum of Dumfries

3

(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.

8885

Enemies Hospital
15/4/61

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.

Unto the Honourable the (1) Sheriffs *of the* (2) Shire of Dumfries *and his Substitutes,—*

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of Joseph Richardson of Penrith humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Richardson Dobson is at present in a state of Mental Derangement and 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 Crichton Royal Institution and to sanction his admission into the said Asylum.

(SIGNATURE) Joseph Richardson

(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 November one thousand eight hundred and Sixty one

---

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Richardson
2. Sex and Age,	M 41
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Threlkeld - Westmoreland
7. Place where Found and Examined,	Penrith
8. Length of time Insane,	7 weeks
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	Never
12. Duration of Existing Attack,	7 weeks
13. Supposed Cause,	Intemperance
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Dangerous to Others
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not a Pauper
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Father. Joseph Richardson Arthur Street - Penrith — 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.

(SIGNATURE)* *Name,* Joseph Richardson

DATED this 28th day of November one thousand eight hundred and Sixty one

* 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, Michael Waistell Taylor.
being a (1) Doctor of Medecine of a 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) Hutton Hall Penrith
in the County of Cumberland separately from any other Medical Practitioner,
visited and personally examined (4) John Richardson of Thrimby
and that the said John Richardson of Thrimby is a (5) person
of unsound Mind and a proper Person to be detained
under Care and Treatment, 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 idea that Paison has been given to him by his friends - that he has been robbed by them - also spectral delusions in the shape of Gods.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
That he is dangerous to his friends & that he has attempted to injure them the Statement of his wife & father

(SIGNED) *Name and Medical Designation,* Michael Waistell Taylor
Doctor of Medecine Edinb
Place of Abode, Hutton Hall Penrith

DATED this 28th day of November One thousand eight hundred and sixty one

---

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 Wickham
being a (1) Doctor of Medicine of the University of Edinburgh and a Fellow of Royal College of Surgeons Eng.
and being in actual practice as a (2) Physician and Surgeon —
hereby certify, on soul and conscience, that I have this day, at (3) Hutton Hall, Penrith
in the County of Cumberland — separately from any other Medical Practitioner,
visited and personally examined (4) John Richardson of Thrimby, Pagnes
and that the said John Richardson — 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) mental excitement - incoherent conversation, and unfounded suspicions of his family - supposing that his food is poisoned by his friends. —

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
by Mr Robertson
extravagant - notions of his wealth and injudicious manner of spending his money —

(SIGNED) *Name and Medical Designation,* Joseph Wickham
Doctor of Medicine
Place of Abode Penrith Cumberland

DATED this twenty eighth day of November one thousand eight hundred and sixty one

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that John Richardson is a (1) person of unsound mind, hereby further certify that the Case of the said John Richardson is one of Emergency, and I recommend the immediate removal of the said John Richardson to an Asylum accordingly.

Name, Michael Waistell Taylor - Doctor of Medecine

Place of Abode, Hutton Hall - Penrith

DATED this 28th day of November One thousand eight hundred and Sixty one

(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 Pitcairn Trotter (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Joseph Richardson of Penrith Certificates under the hands of Michael Waistell Taylor - and Joseph Wickham , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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, farmer, Thrimby, Westmoreland and that the said John Richardson 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 John Richardson as a Patient into the (6) Public 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 Richardson - which accompanied the said Petition.

(SIGNATURE) John P Trotter

DATED this twenty ninth day of November - one thousand eight hundred and Sixty one years

To the Superintendent of the (6) 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, or Private.

886
Thos Mackenzie
28/11/61

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.

Unto the Honourable the (1) The Sheriff of the (2) Shire of Wigton and (—) Kirkcudbright —— *and his Substitutes,—*

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of Malcolm McFarlane Inspector of Poor of Leswalt humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jeanie Weims a married person in Leswalt is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jeanie Weims —— to the Crichton Royal Institution Asylum Dumfries and to sanction her admission into the said Asylum.

(SIGNATURE) M. McFarlane

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 23d (3) day of November —— one thousand eight hundred and Sixty one 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,	Jeanie Weims
2. Sex and Age,	Female — about 40 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Wife to John Kays Thremaker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Mill Street Stranraer
7. Place where Found and Examined,	Rhins of Galloway Poor House
8. Length of time Insane,	About 8 days
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	40 years
11. When and where previously under Examination and Treatment,	This is the first examination
12. Duration of Existing Attack,	A few days
13. Supposed Cause,	not known — said to be ill treatment
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,	Leswalt Parish
18. Date of becoming Chargeable,	23d November 1861.
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,	John Kays Thremaker Stranraer — her Husband — no Member of his family known to have been insane — Some Relations of Jeanie Weims said to have been silly or of unsound Minds.
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.

(SIGNATURE)* Name, M. McFarlane Inspector Leswalt

DATED this 23d day of November one thousand eight hundred and Sixty One.

* To be Signed by the Party applying.

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.

(6) *State the facts*

(7) *State the information, and from whom derived.*

I, the undersigned, David Easton M.D. Stromness being a (1) Doctor of medicine and a Licentiate of the Royal College of Surgeon 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 Rhins Poor house Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Jeanie Meins. a pauper. and that the said Jeanie Meins is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) There is a general derangement of her mental faculties. She is subject to hallucinations, imagines that she hears individuals calling upon her & that they are going to kill her. She says she sees her mother & children burning in the fire and makes a rush at the fire to save them. She often attempts to tear off her clothes & calls for a knife to rip open her breast. She threatens to injure many people & says she is willing to die for having killed all her people to effect the desire in her mind. She is dirty in her habits, refuses food, turns & talks to herself & shows signs of an insane person.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

The above corroborated by Mr & Mrs Jeffrey & the inmates of the ward.

(SIGNED) *Name and Medical Designation,* David Easton M. D.

Place of Abode, Church Street Stromness.

DATED this Twenty second day of November One thousand eight hundred and Sixty One.

MEDICAL CERTIFICATE, No. II.

(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.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Ebenezer Fleming, M.D Stromness, being a (1) Doctor of Medicine and 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) The Rhins Union Poor House. Inverness. in the County of separately from any other Medical Practitioner, visited and personally examined (4) Jeanie Meins. Pauper. and that the said Jeanie Meins is a (5) Person of Unsound 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)
Peculiar restless and Suspicious expression of countenance expressed a desire to escape out of the window, if a favourable chance it should occur. During my visit she was quiet taciturn and averse to enter into conversation.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Since her entry into the house Sunday 7th, She has conducted herself in such a manner as to betoken unsoundness of mind, by signs of nervousness & screaming, tossing the arms and working of the features of the face. Refuses food, & tears clothes when offered, at times throws Bibs to the floor & tears them. Has also attempted to commit suicide by tearing out the hinges of the window frames. She has injured herself by tearing out the hinges of the window frames. She has also threatened to injure others by stabbing them with a knife. This information has been communicated to me by the Governess Mrs Jeffrey. And Elizabeth Mackinnon Assistant Matron

(SIGNED) *Name and Medical Designation,* Ebenezer Fleming. M.D.

Place of Abode George Street - Stromness

DATED this Twenty Third day of November one thousand eight hundred and Sixty One Years.

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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 Murray Esq. Sheriff Substitute (1)
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Malcolm Mc. Farlane Inspector of Poor of Leswalt
Certificates under the hands of David Easton M.D.
and Ebenezer Fleming 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) Jeanie Mains Pauper and that the said Jeanie Mains is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jeanie Mains as a Patient into the (6) Crichton Asylum of Dumfries and I authorize you for Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jeanie Mains which accompanied the said Petition.

(SIGNATURE) Thos Murray

DATED this ninth day of December one thousand eight hundred and

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, or Private.

Isaac Wilson
29th November
1864

I HEREBY GIVE NO

and I hereby trans
which he was rece

Subjoined is a
named Patient.

Dated this

To the Secreta
Gover

Isaac Wilson
29th November
1864

I HAVE this day (*)

and hereby report as

and with respect to

(S

DATED this

hundred and

(*) Name and Dwelli
(†) Private or Pauper
(‡) Same day within
the Order ha
(§) Same day not less
two clear day
(†) Insert particulars
(‡) Insert particulars
(†) Add Designation

[40]

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.

(SIGNED) *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)

(SIGNED)

(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.

(Copies.)

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 (*) Sheriff of the (†) Shire of Wigton & Kirkcudbright and his Substitutes,—

The Petition of Malcolm M'Farlane Inspector of Poor of Leswalt humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jeanie Weims a married woman in Leswalt is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jeanie Weims to the Crichton Royal Institution & Asylum Dumfries and to sanction her admission into the said Asylum.

(SIGNED) M. M'Farlane

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 25th (*) day of November one thousand eight hundred and Sixty one 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,	Jeanie Weims
2. Sex and Age,	Female about 40 years of age
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Wife to John Kays Steuart
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Stranraer
7. Place where Found and Examined,	Weims Poor House
8. Length of time Insane,	about 8 days ago
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	First examination
12. Duration of existing Attack,	a few days
13. Supposed Cause,	not known. Reported to be ill. ill.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	No Hydrophobia attended
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Leswalt
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	John Kays Steuart is not Husband to any member of his family known to be insane — Some relation of Jeanie Weims said to have been of unsound mind.
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, M. M'Farlane Inspector Leswalt

DATED this 25th day of November one thousand eight hundred and Sixty One.

* To be Signed by the Party applying.

(Copies.)

MEDICAL CERTIFICATE, No. I.

I, the undersigned, David Easton M.D. Stranraer being a (1) Doctor of Medicine and Licentiate of the Royal College of Surgeons in 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 Rhins Poor House Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Jeanie Weims Pauper and that the said Jeanie Weims is a (5) Of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) There is a General derangement of her mental faculties, She is subject to hallucinations, Imagines the Hiars nibirbinal calling upon her & that they are going to kill her, sees her mother & children in burning in the fire, & tries a dash at the fire to burn them, Attempts to tear off her clothes, & calls for a knife to rip open her breast. She threatens to throw herself in among the fire, She is very violent & noisy, Calls at her Empire, & defies the devil & his attempts & dash, &c &c &c.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Above facts corroborated by Mr & Mrs Jeffrey The Governor & Governess - Also by the other inmates of the House -

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert 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.*

(SIGNED) *Name and Medical Designation,* David Easton M.D.

Place of Abode, Church Street Stranraer

DATED this Twenty Second day of November One thousand eight hundred and Sixty One.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Ebenezer Fleming, M.D. Stranraer being a (1) Doctor of Medicine and 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) The Rhins, Wigtown Poor House Wigtown, in the County of separately from any other Medical Practitioner, visited and personally examined (4) Jeanie Weims, Pauper and that the said Jeanie Weims is a (5) Person of Unsound 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) Peculiar, restless and Suspicious expression of Countenance witnessed a desire to escape out of the window, if a favourable opportunity should occur. - During my visit. She was quiet, Taciturn and averse to intercourse Conversation -

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Teacher informs me she became deranged on Sabbath a week ago, & conducted herself in such a manner as to betoken unsoundness of mind. Is subject to paroxysms of Excitement, tossing the arms and working the features frightfully wrong, and both emphatically about the eternal interests of souls, threatens to do bodily injury, by tearing out of the window &c. Family assert that she requires to be strapped - These and other like facts were communicated to me by the Governor Mr Sloppy, and Elizabeth Rankin, an inmate of the same House.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert 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.*

(SIGNED) *Name and Medical Designation,* Ebenezer Fleming, M.D.

Place of Abode George Street Stranraer

DATED this Twenty third day of November one thousand eight hundred and Sixty three.

(Copies.)

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 Murray Esquire Sheriff Substitute (2)
of the (3) County of Aytoun
having had produced to me, with a Petition at the instance of (4) Malcolm McFarlane Inspector of Poor of Leswalt
Certificates under the hands of David Easton M.D. and Henry Whitelaw 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 (5) Joanie Weins, pauper and that the said Joanie Weins 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 Joanie Weins as a Patient into the (7) Crichton 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 Joanie Weins which accompanied the said Petition.

(SIGNED) Thos Murray

DATED this twenty sixth day of November one thousand eight hundred and sixty one

To the Superintendent of the (8) Crichton
Asylum of Dumfries

3

(2) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(3) State whether a County or Stewartry.
(4) Insert Name and Designation.
(5) Describe him, and if a Pauper, state so.
(6) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(7) Public, District, or Private.
(8) Public, District, 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]

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) Steward of the (2) Stewardry of Kirkcudbright *and his Substitutes,—*

The Petition of John Thomson, Insp^r. of Poor for Girthon humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Burbett ~~Burton~~ Hunton, residing at Gelston is at present in a state of Mental Derangement, and 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 Burbett ~~Burton~~ Hunton to the Crichton Institution, Dumfries and to sanction her admission into the said Asylum.

(SIGNATURE) John Thomson, Insp^r.

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty (3) day of December One thousand eight hundred and sixty one 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 ~~Burton~~ Bookstall or Hunton
2. Sex and Age,	Female - 63.
3. Married, Single, or Widowed,	Widow.
4. Condition of Life, and previous Occupation (if any),	Wife of a farm overseer
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Whitefield Gyfordoch - parish Kirkton
7. Place where Found and Examined,	Home
8. Length of time Insane,	Four years
9. Whether first attack,	First attack
10. Age (if known) on first Attack,	59 years
11. When and where previously under Examination and Treatment,	Parish of Whitefield
12. Duration of existing Attack,	Four years
13. Supposed Cause,	Disease of Brain
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Whitefield
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,	Thomas Hunton - Son - Not aware.
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.

(SIGNATURE)* *Name,* ~~H. Clark~~ John Thomson

DATED this Twenty second day of November One thousand eight hundred and Sixty one.

* To be signed by the Party applying.

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, William Richardson being a (1) M.D. 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) Lyllodsock Stewartry in the parish of Kirkcudbright in the ~~County~~ of separately from any other Medical Practitioner, visited and personally examined (4) Jane Poulton residing at Lyllodsock - a Pauper the said Jane Poulton and that 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) That there is lo[ss] of Memory - Confused & erroneous ideas on almost [all] Subjects - and other head symptoms indicating [de]cay disease (probably softening) of the Brain.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Altered habits - peaceable at times - at others uncontrollable.

(SIGNED) *Name and Medical Designation,* William Richardson M.D.

Place of Abode, Gatehouse of Fleet

DATED this Twenty Second day of November One thousand eight hundred and Sixty four 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, W^m Shand being a (1) Fellow of the Royal College of Physicians & M.D. 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) Lyllodsock Stewartry in the Parish of Kirkcudbright in the ~~County~~ of separately from any other Medical Practitioner, visited and personally examined (4) Jane Lockhart or Paxton residing at Lyllodsock a pauper and that the said Jane Lockhart or Paxton 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) inability to reply correctly to some of the simplest questions; habit of maintaining Dialogue with herself on imaginary subjects. At times violent, while she is living at Lyllodsock & speaking of Deceased parties as living & converses with them. Is unable to recognize at times the Clerk of Court & others

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) By her daughter & son - told that she at times threatens violence both during day & at night - & talks of her self as being as at present &c &c

(SIGNED) *Name and Medical Designation,* W^m Shand F.R.C.P.

Place of Abode, Kirkcudbright

DATED this 29th day of November One thousand eight hundred and Sixty four

Seen by me.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate and the Order of the Sheriff.)

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 Aycastle Dunbar (1) Steward Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) John Thomson Inspector of poor of the parish of Girthon Certificates under the hands of William Ridsdale M. D. Physician of that and John Shand physician Kirkcudbright, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Jane Lockhart or Paxton residing at Gillodesmill, Jane Lockhart or Paxton is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Lockhart or Paxton 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 Jane Lockhart or Paxton which accompanied the said Petition.

(SIGNATURE) W. A. Dunbar

DATED this Second day of December One thousand eight hundred and sixty one

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.

891

Jane Lockhart or Punter

December 4th

1851

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.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries and his Substitutes,—

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of James Dinwiddie residing at Gleenarroch Orchar humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Dinwiddie is at present in a state of Mental Derangement and 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 Dinwiddie to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNATURE) James Dinwiddie

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 14 (3) day of Dec. one thousand eight hundred and Sixty one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Dinwiddie
2. Sex and Age,	Male - Age 31
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	No occupation - lives with his Mother
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Glenluce
7. Place where Found and Examined,	Do
8. Length of time Insane,	From Childhood
9. Whether First Attack,	No
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
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,	—
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,	Mary Mrs Dinwiddie - Glenluce
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.

(SIGNATURE)* Name, James Dinwiddie

DATED this 16th day of December one thousand eight hundred and Sixty one.

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Lobbe
being a (1) Surgeon Public Service (Registered)
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) New Bridge in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Dinwiddie, New Bridge
the said John Dinwiddie and that 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)
Violent Demeanour & Language on first visit.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
He this morning offered violence to his Father.

(SIGNED) *Name and Medical Designation,* James Lobbe, Surgeon R.N.

Place of Abode, Kirkton Riskmahoe

DATED this 16th day of December One thousand eight hundred and fifty one.

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 Scott
being a (1) Graduate of the University of Edin
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Dinwiddie
the said John Dinwiddie and that 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 quite incoherent - refuses to answer questions - his countenance also indicates his lunacy -

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
(His brother) Was formerly an inmate in the asylum threatens violence to his family -

(SIGNED) *Name and Medical Designation,* William Scott M.D. &c

Place of Abode Dumfries

DATED this 16th day of December one thousand eight hundred and fifty one.

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. 2, hereto annexed, to the effect that John Dinwiddie is a (1) Lunatic hereby further certify that the Case of the said John Dinwiddie is one of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

Name, William Scott M.D.

Place of Abode, Dumfries

DATED this 16th day of December One thousand eight hundred and fifty one

(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 Delavine Stoller (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Dinwiddie residing at Glencarrick Certificates under the hands of James Little and William Scott, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Dinwiddie, residing at Glencarrick and that ~~the said~~ he is a (5) Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Dinwiddie 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 John Dinwiddie which accompanied the said Petition.

(SIGNATURE) J. Del. Stoller

DATED this 17th day of December one thousand eight hundred and fifty one

To the Superintendent of the (6) Public *Asylum of* Southern Counties Asylum

(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.

Anne Dimmock
16th December
1864

(S) Sheriff or Steward.
Slate or Stewarty.

(†) The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

1. Christian Name and
length, .
2. Sex and Age, .
3. Married, Single, or W
4. Condition of Life, an
[if any], .
5. Religious Persuasion,
6. Previous Place of Abo
7. Place where Found a
8. Length of time Insane
9. Whether First Attack
10. Age (if known) on F
11. When and where pre
sent Treatme
12. Duration of Existing
13. Supposed Cause,
14. Whether subject to E
15. Whether Suicidal,
16. Whether Dangerous
17. Parish or Union to w
Pauper) is Charge
18. Date of becoming Ch
19. Christian Name and
Abode of nearest
Patient, and degr
known), and whe
Family known to
sons, .
20. Special circumstance
insertion of any o

I certify, that, to t

DATED this 2nd

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.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfriesshire *and his Substitutes,—*

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of Christiana M'Clure

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that her granddaughter Mary Brown is at present in a state of Mental Derangement and 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 Brown to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNATURE) Christiana McClure

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 16th (3) day of December one thousand eight hundred and Sixty one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Brown.
2. Sex and Age,	17 years - Female.
3. Married, Single, or Widowed,	Single -
4. Condition of Life, and previous Occupation (if any),	Brought up & resided with grandmother
5. Religious Persuasion, so far as known,	Presbyterian -
6. Previous Place of Abode,	Gatehouse of Fleet -
7. Place where Found and Examined,	Back St: Gatehouse of Fleet.
8. Length of time Insane,	One month -
9. Whether First Attack,	Yes first attack,
10. Age (if known) on First Attack,	17 yrs
11. When and where previously under Examination and Treatment,	Never has been under treatment before
12. Duration of Existing Attack,	One month -
13. Supposed Cause,	Changes incident to puberty
14. Whether subject to Epilepsy,	No -
15. Whether Suicidal,	Several times without the will and has shown suicidal tendencies -
16. Whether Dangerous to others,	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,	Christiana M'Clure - Back St: Gatehouse of Fleet, Grandmother Not aware of any -
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.

(SIGNATURE)* *Name,* Christiana McClure

DATED this Sixteenth day of December one thousand eight hundred and Sixty one

* To be Signed by the Party applying.

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, William Richardson being a (1) M. D. of the University of Edin.t & 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) Backhouse Gateshead & Sheriff Hill in the County of Durham separately from any other Medical Practitioner, visited and personally examined (4) Mary Brown and that the said Mary 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) Delusions - fancies the house is haunted - & that it is filled with dead bodies - that a Liverpool gentleman who has never been, has been in love with her from infancy - has sent her valuable presents & wishes to marry her - but that her Sister who is deceitful & Cunning

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) defeats the wants all her schemes - Sometimes is very silent, at others - she is very talkative - on all kinds of subjects but speaks quite incoherently -

(SIGNED) *Name and Medical Designation,* William Richardson M.D.

Place of Abode, Gateshead & Sheriff Hill

DATED this 16th day of December One thousand eight hundred and Sixty three 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 Aitchison M.D 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) Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Reading at Gateshouse Mary Brown an orphan and that the said Mary 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 timid Reserved and easily upset has delusions as to personal relations Mental Powers much impaired

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Is alternately depressed and excited as stated by her sister

(SIGNED) *Name and Medical Designation,* James Aitchison M.D

Place of Abode Royal Institution Dumfries

DATED this fifteenth day of December one thousand eight hundred and sixty four

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Mary Brown is a (1) person of unsound mind hereby further certify that the Case of the said Mary Brown is one of Emergency, and I recommend the immediate removal of the said Mary Brown to an Asylum accordingly.

Name, William Richardson M.B.

Place of Abode, Gatehouse of Fleet.

DATED this Sixteenth day of December One thousand eight hundred and Sixty one years.

(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 Pearson Foster (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Christina McClure residing in Gatehouse Certificates under the hands of William Richardson and James Gilchrist, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Brown residing in Gatehouse and that the said Mary 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 Mary Brown as a Patient into the (6) Public Asylum of Southern County 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 Brown which accompanied the said Petition.

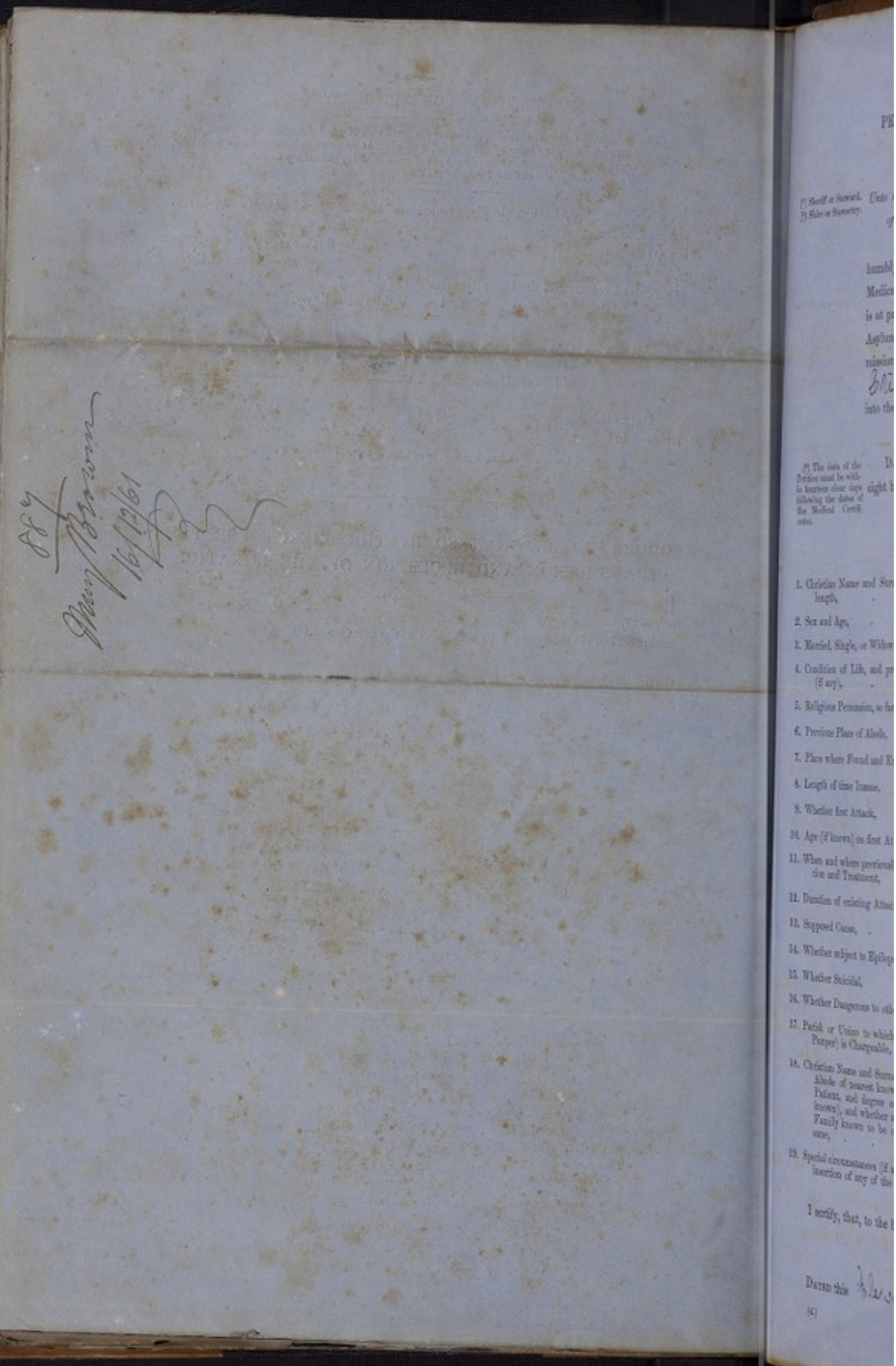
(SIGNATURE) John P Foster

DATED this 16th day of December one thousand eight hundred and sixty one years.

To the Superintendent of the (6) Public *Asylum of* Southern County 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.



20 & 21 *Vict., Cap.* 71. *Sect.* 34.

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 (*) Sheriff *of the* (†) Sheriffdom of Wigton & Kirkcudbright *or his Substitutes,—*

The Petition of Thomas Kennedy

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Mc Kinnon is at present in a state of Mental Derangement, and 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 Mc Kinnon to the Dumfries Royal Dumfries and to sanction his admission into the said Asylum.

(SIGNED) Thomas Kennedy Inspector

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty (*) day of December one thousand eight hundred and Sixty nine 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 Mc Kinnon
2. Sex and Age,	Sex aged 24 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Craigencrush Stony Path
7. Place where Found and Examined,	Craigencrush
8. Length of time Insane,	About six years
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	Yes
11. When and where previously under Examination and Treatment,	Craigencrush
12. Duration of existing Attack,	Six years now
13. Supposed Cause,	Intemperance
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Recommended
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Stony Path
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,	Agnes Mc Kinnon Mother Craigencrush And none of the family known to be insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* Thomas Kennedy Inspector

DATED this Twenty day of December one thousand eight hundred and Sixty nine

[4]

* 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, Charles McLeod Rob.
being a (1) Licentiate of the Royal College of Surgeons Edinburgh - and Doctor of Medicine 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) Grange cross
Stony Kirk - - in the County of
Mid Lothian
separately from any other Medical Practitioner,
visited and personally examined (4) Thomas Mc Minn
Corstorphine cross - - - and that
the said Thomas Mc Minn 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. Facts indicating Insanity observed by myself: (6) Was became violent
annoying that his neighbours are alarmed -
At times cruelty - and not easily con-
trolled - At times moral imbecile - And
entertains Groundless & suspicious Beliefs -

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
neighbours state that at times he becomes
boisterous - And Groundless violence - Threaten
Wife - And Mother there - even his mother
has told me that he is at times quite Intemperate
- Not safe to be

(SIGNED) Name and Medical Designation, [illegible]

Place of Abode, Stony Kirk

DATED this 11th day of December One thousand eight hundred and Sixty one

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, Ebenezer Fleming M.D. Edinburgh
being a (1) Doctor of Medicine and a 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) Cruffscrook.
Parish of Stony Kirk.
Mid Lothian
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Thomas McKinna -
and that
the said Thomas McKinna -
is a (5) Person of un-
Sound 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) Body Emaciated, irregu
action of the Heart. Organs of Generation Shrivelled and of
Small Size in Language, Manner and Conversation he has the
and bearing of a Politician I believe he has himself produced
Emaciated Body, and imbecility of mind, by his Secret and Confirmed
habits of Self abuse -

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
A neighbour Mrs Millican Green, testifies to his using very abusive Language
himself and husband. at times to such an extent - and to the great Terror of
Sleek Widow Glennon. and daughter also neighbours Corrobo
the above Statement and mention in addition that he is at times wit
and Stares at Objects in his

(SIGNED) Name and Medical Designation, Ebenezer Fleming M.D.

Place of Abode George Street Stranraer

DATED this Eleventh day of December one thousand eight hundred and Sixty one years -

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, Macduff Rhind Sheriff Substitute of the (2) County of Wigton & Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Thomas Kennedy Inspector of Poor for the Parish of Glenluce together with Certificates under the hands of Charles Mortland Rob and Ebenezer Fleming ——, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McKinna residing at Craigencroich and that the said Thomas McKinna is a 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 Thomas McKinna as a Patient into the (6) Public 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 McKinna which accompanied the said Petition.

(SIGNED) M. D. Rhind

DATED this Edinburgh day of December one thousand eight hundred and sixty one.

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, or Private.
(7) Public, District, or Private.

893

Thomas McKinna

17th December

1864

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) County of Dumfries *and his Substitutes.*

The Petition of James Scott Inspector of Poor Rathwell humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Beck Shoemaker residing at Rathwell Village is at present in a state of Mental Derangement and 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 Beck a Pauper to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNATURE) James Scott Inspector

(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 December one thousand eight hundred and Sixty one 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 Beck
2. Sex and Age,	Male 21?
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Shoemaker
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Rathwell
7. Place where Found and Examined,	Rathwell Village
8. Length of time Insane,	about two years
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	not
12. Duration of Existing Attack,	about two years
13. Supposed Cause,	Hereditary
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	suppressed to
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Rathwell
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,	John Beck Father Grandfather Brothers and a 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.

(SIGNATURE)* Name, James Scott Inspector

DATED this 18th day of December one thousand eight hundred and Sixty one

* To be Signed by the Party applying.

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, James Murray McCulloch M.D. &c.,
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) Ruthwell Village
in the County of Dumfriesshire
separately from any other Medical Practitioner,
visited and personally examined (4) Robert Beck, pauper
and that
the said Robert Beck 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) Sulky, refuses to speak
stares wildly & seems incapable or unwilling to indicate
comprehension, hangs his head down below his knees, then jumps
up, gesticulates wildly; face vacant & there with looking

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Wont wash, change his linen &c, wont work, strikes & threatens
to stab his mother for asking him to wash, wanders away from
often without clothes, laughs wildly or cries all night &c

(SIGNED) *Name and Medical Designation,* James M. McCulloch M.D.

Place of Abode, 38 Castle Street, Dumfries

DATED this 18th day of December One thousand eight hundred and sixty nine 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 Gilchrist M.D.
being a (1) Graduate of the University
of Edinburgh
and being in actual practice as a (2) Physician Resident
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Asylum Dumfries
in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Robert Beck Pauper
lately Resident at Ruthwell Village and that
the said Robert 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He has been
depressed and obstinate. He
refuses Food or Medicine & more or less
any Money for himself

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Witness Ford assisted by his
Attendant

(SIGNED) *Name and Medical Designation,* James Gilchrist M.D.

Place of Abode Crichton House Dumfries

DATED this twenty fourth day of December one thousand eight hundred and sixty nine

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Robert Beck is a (1) Lunatic hereby further certify that the Case of the said Robert Beck is one of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

Name, James Murray McCulloch M.D.

Place of Abode, 38 Castle Street, Dumfries

Dated this 18th day of December One thousand eight hundred and sixty one years.

(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 Pitcairn Trotter Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Scott, Inspector of Poor of the parish of Ruthwell Certificates under the hands of James Murray McCulloch and James Gladstone, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Beck Shoemaker Ruthwell, (a pauper) and that ~~the said~~ he is a 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 Robert Beck as a Patient into the (5) 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 Robert Beck which accompanied the said Petition.

(SIGNATURE) John Trotter

Dated this 19th day of December one thousand eight hundred and sixty one

To the Superintendent of the (6) 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, or Private.

894

Robert Beck

18th December

1867

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) Shire of Dumfries *and his Substitutes,—*

The Petition of Alexander Ferguson, Inspector, Dumfriesshire Constabulary

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Adamson is at present in a state of Mental Derangement, and 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 Adamson to the Southern Counties Asylum, Dumfries and to sanction her admission into the said Asylum.

(SIGNED) Alex Ferguson, Insp.

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Nineteenth (3) day of December One thousand eight hundred and sixty one years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Adamson
2. Sex and Age,	Female aged 15 years 10 months
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Apprentice Milliner with her Mother
5. Religious Persuasion, so far as known,	Protestant persuasion
6. Previous Place of Abode,	Lochrie
7. Place where Found and Examined,	Lochrie
8. Length of time Insane,	About four weeks
9. Whether first attack,	Twelve months, a former attack
10. Age (if known) on first Attack,	About 14 years 10 months
11. When and where previously under Examination and Treatment,	Lochrie about 12 months ago
12. Duration of existing Attack,	About four weeks
13. Supposed Cause,	Derangement of the menstruation
14. Whether subject to Epilepsy,	not so
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,	Supposed to be Annan
18. Date of becoming Chargeable,	Whole family chargeable to Annan for some years up to this date
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 Sarah Gardiner or Adamson, her mother - Not known whether any 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.

(SIGNED)* Name, Alex Ferguson, Insp.

DATED this Nineteenth day of December One thousand eight hundred and sixty-one years

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, George Clark Wilson
being a (1) 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) Lockerbie
in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Adamson, Pauper,
and that
the said Margaret Adamson is of (5) unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Arrested and excited appearance, a general state of dirt or refuse, and disgustingly unmanageable.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) A desire to expose herself without sufficient clothing to the inclemency of the weather: or refusal to submit to the cleanliness of her person if any effort be used

(SIGNED) *Name and Medical Designation,* Geo. Wilson Surgeon

Place of Abode, Lockerbie

DATED this nineteenth day of December One thousand eight hundred and Sixty one

---

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 Thomson Wilson
being a (1) Member of the Royal College of Surgeons in Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Lockerbie
in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Adamson
and that
the said Margaret Adamson is of (5) unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Uncontrollable restlessness, constant repetition of food, and general unhappiness from a sense of undefinable wrong in her mouth.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(SIGNED) *Name and Medical Designation,* Jas. T. Wilson Surgeon

Place of Abode, Lockerbie

DATED this 19th day of December One thousand eight hundred and sixty one

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

(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 Stewart Scott Sheriff Substitute
of the (3) County of Dumfries
having had produced to me, with a Petition at the instance of (4) Alexander Fergusson
Inspector of Poor Dryfesdale
Certificates under the hands of George Clark Wilson
and James Thomson Watson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5)
Margaret Adamson, Milliner in Lockerbie, a pauper and that ~~she is~~
She is (6) of insane mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Adamson as a Patient into the (7) 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 Adamson which accompanied the said Petition.

(SIGNED) John S Scott

DATED this 20th day of December One thousand eight hundred and sixty one

To the Superintendent of the (8) 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.

S 925

Margaret Adamson
20th December
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]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honorable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,—*

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of James Ferguson Labourer Drummuck Kirkgunzeon Husband humbly Sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Templeton or Ferguson residing at Drummuck is at present in a state of Mental Derangement and 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 Templeton or Ferguson to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(SIGNATURE) James Ferguson

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 23rd (3) day of December one thousand eight hundred and Sixty one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Templeton
2. Sex and Age,	female 52
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Drummuck Kirkgunzeon
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	For about six months
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	Fifty two
11. When and where previously under Examination and Treatment,	D[rummuck] Kirkgunzeon
12. Duration of Existing Attack,	six months
13. Supposed Cause,	Not Known
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 his Family known to be or to have been Insane,	No other relation 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.

(SIGNATURE)* *Name,* James Ferguson

DATED this 23rd day of December one thousand eight hundred and Sixty one

* 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, William Marshall being a (1) Graduate of the Faculty of Physicians & Surgeons Glasgow and Fellow of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Brechin & Montrose in the County of Forfar separately from any other Medical Practitioner, visited and personally examined (4) Mrs Ferguson Drumrash and that the said Mrs 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. Facts indicating Insanity observed by myself: (6) Talks incoherently imagines that there is a plot against her life in the house & that she is Constantly being annoyed by her friends &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Much the same as above

(SIGNED) *Name and Medical Designation,* Wm Marshall M.D.

Place of Abode, Brechin & Montrose

DATED this 23 day of December One thousand eight hundred and Sixty 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.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Patrick Freeman 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) Brechin Drumrash in the County of Forfar separately from any other Medical Practitioner, visited and personally examined (4) Mrs Ferguson Drumrash and that the said Mrs 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. Facts indicating Insanity observed by myself: (6) Great excitement & frequently imagines that there are people in the house who are going to kill her, she is often heard talking to herself, & imagining annoyances from her husband & others that she always had to endure, & frequently threatens to do

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) her husband states that she always had to endure, & frequently threatens to do

(SIGNED) *Name and Medical Designation,* P Freeman M.D.

Place of Abode Drumrash

DATED this 23 day of December one thousand eight hundred and 61

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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 Pitcairn Gordon Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Ferguson residing at Drummaik Kirkpatrick Certificates under the hands of William McDisdale and Patrick Murray, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Templeton or Ferguson Drummaik and that the said Mary Templeton or 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 Mary Templeton or Ferguson as a Patient into the (6) Public Asylum of Southern Counties Dumfries, and I authorize for Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Templeton or Ferguson which accompanied the said Petition.

(SIGNATURE) John P. Gordon

DATED this 23rd day of December one thousand eight hundred and Sixty one

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(2) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(3) State whether a County or Stewartry.
(4) Insert Name and Designation.
(5) 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.

5911

Mary Shuttleton or Simpson

29th December 1864

20 & 21 *Vict., Cap.* 71. *Sect.* 34.

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 (*) Sheriff *of the* (*) County of Dumfries *and his Substitutes,—*

The Petition of Joseph Lewis Davidson Surgeon
Lord Mark Ward
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Davidson
is at present in a state of Mental Derangement, and 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 Davidson a pauper to the Asylum for the Counties of Dumfries and Galloway and to sanction her admission into the said Asylum.

(SIGNED) Joseph Lewis Davidson Surgeon

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 25th (*) day of December one thousand eight hundred and 61

STATEMENT.

If any 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 Davidson
2. Sex and Age,	Female - 61
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Lord Mark Ward
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	9 or 10 Months, slight about as above
9. Whether first Attack,	—
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	Lord Mark Ward
12. Duration of existing Attack,	Two Days
13. Supposed Cause,	Cannot be 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,	Canonbie
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,	Robert Davidson Carlisle No
19. 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.

(SIGNED)* *Name,* J. Crichton Surgeon

DATED this 25 Dec day of December one thousand eight hundred and 61

* To be Signed by the Party applying.

Lunacy Board,—Dec.—27.—1866.

Mary Kaylor or Scrymgeour
25th December 1861

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, Alexr Macmillan
being a (1) Member of the Faculty of Physicians & Surgeons
Glasgow
and being in actual practice as a (2) Surgeon Low Mash
hereby certify, on soul and conscience, that I have this day, at (3)
Cairnobie in the County of
Banffshire separately from any other Medical Practitioner,
visited and personally examined (4) Elisabeth Davidson, Pauper
Low Mashmore and that
the said Elisabeth Davidson is a (5) person of
unsound 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) Labours under
delusions and occasionally Breaks
excitement. Wanders about in a very unsettled
state. Threatening destruction to her neighbours
2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The above facts have been communicated to
Mr Crichton, Inspector of Poor.

(Signed) *Name and Medical Designation,* A. Macmillan

Place of Abode, 7 St Stephen St

Dated this 19th day of December One thousand eight
hundred and fifty one

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 J. Carlyle
being a (1) Doctor of Medicine
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Low Mash Mo
Cairnobie in the County of
Banffshire separately from any other Medical Practitioner,
visited and personally examined (4) Elisabeth Davidson, Pauper
at Low Mash House, Cairnobie and that
the said Elisabeth Davidson is a (5) person of
unsound 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) Total Excitement:
occasionally very violent: speechless with glances
of intensity, with various morbid demonstrations, such
as striking own & neighbours conspiring to plunder her
& violations of the person & such as attempts with great
difficulty restrained from putting her threats
into execution
2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The facts mentioned were also brought to my notice
by her Nephew who resides with her and also
by Mr Crichton Inspector of Poor

(Signed) *Name and Medical Designation,* W. J. Carlyle M.D. & Surg

Place of Abode, Laurencekirk

Dated this 23 day of December one thousand eight
hundred and fifty one

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, Wm Pitcairn Fairlie Sheriff Substitute
of the (2) County of Dumfries Joseph Cuthbertson
having had produced to me, with a Petition at the instance of (3) Inspector of Poor, Ecclefechan
Certificates under the hands of James Macaulay
and William J Carlyle, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Davidson, a pauper and that ~~the said~~ she 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 Davidson 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 Davidson which accompanied the said Petition.

(SIGNED) Wm F. Fairlie

DATED this 26th day of December one thousand eight hundred and Sixty nine

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.

Patient brought before Court after Office hours in a state of great excitement and without Sheriff's warrant which could easily be obtained next day. J.C.

(*) Sheriff or Steward.
(*) Clerk or Secretary.

(*) The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

1. Christian Name and Su
length, .
2. Sex and Age,
3. Married, Single, or Wido
4. Condition of Life, and
(if any), .
5. Religious Persuasion, w
6. Previous Place of Abode,
7. Place where Found and
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first A
11. When and where previous
ous and Treatment,
12. Duration of existing Attac
13. Supposed Cause, .
14. Whether subject to Epilep
15. Whether Suicidal, .
16. Whether Dangerous to ot
17. Parish or Union to which
Pauper) is Chargeable,
18. Christian Name and Surn
Abode of nearest know
Patient, and degree of
known), and whether a
Family known to be or
sons, . .
19. Special circumstances (if a
insertion of any of the a

I certify, that, to the b

DATED this Nearly

Lunacy Board.—Dec.—27.—1

Elizabeth Davies
29th December
1854

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) Shire *of* Dumfries *and his Substitutes,—*

The Petition of Joseph M'Robb

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Parkins is at present in a state of Mental Derangement, and 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 Parkins to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) Joseph M'Robb Inspector of Poor Sanquhar

(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 December one thousand eight hundred and Sixty one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas Parkins
2. Sex and Age,	Male 40 years
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	Middle Life Banker Clerk
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Morton Hamlet
7. Place where Found and Examined,	Drumcroll Cottage Sanquhar
8. Length of time Insane,	about 8 days
9. Whether first Attack,	Several Attacks
10. Age (if known) on first Attack,	30
11. When and where previously under Examination and Treatment,	At home with his Friends
12. Duration of existing Attack,	a little over Four weeks
13. Supposed Cause,	Intense pressure of his duties Injuring his Mind
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Has threatened to Drown himself
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Morton Hamlet
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,	Robert Parkins No 35 Drumcroll Cottage Sanquhar is a Brother
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,* Joseph M'Robb Inspector of Poor Sanquhar

DATED this Twenty Sixth day of December one thousand eight hundred and Sixty one

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1200.

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* and being in actual practice as a (2) Physician

(3) *Insert the street and number of the house (if any), or other like particulars.*

I, the undersigned, James Greene being a (1) Graduate of Medicine and Licentiate of the Ro[yal] College of Surgeons Edinburgh.

hereby certify, on soul and conscience, that I have this day, at (3) 35 Church St Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner,

(4) *Insert Designation and Residence, and if a Pauper, state so.*

visited and personally examined (4) Thomas Barkness Maxwelltown and that

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

the said Thomas Barkness is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 lost all self control, and incapable of managing his own affairs,

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) his brother and sister-in-law state that he has threatened to commit suicide

(SIGNED) *Name and Medical Designation,* James Greene MD Surgeon

Place of Abode, Queensberry Street Dumfries

DATED this 26. day of December One thousand eight hundred and sixty one

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* and being in actual practice as a (2) Physician

(3) *Insert the street and number of the house (if any), or other like particulars.*

I, the undersigned, Patrick L Murray being a (1) Graduate of the University of Edinburgh

hereby certify, on soul and conscience, that I have this day, at (3) 35 Church Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner,

(4) *Insert Designation and Residence, and if a Pauper, state so.*

visited and personally examined (4) Thomas Barkness Maxwelltown and that

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

the said Thomas Barkness is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) States that he and his body, that no person has a right to prevent him destroying himself, will kill himself, & does not care for any person whatever

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others. (7) His Brother states that at times he is violent, sometimes states that he is about to commit suicide, & threatens to do so. Speaks incoherently

(SIGNED) *Name and Medical Designation,* P Murray MD

Place of Abode, Buccleuch St Dumfries

DATED this 26th day of December one thousand eight hundred and 61

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 Pitcairn Trotter Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Joseph Welsh Inspector of Poor of Dumfries Certificates under the hands of James Greive and Patrick Murray, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Harkness residing in Maxwelltown Parish and that the said Thomas Harkness 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 Harkness as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Harkness which accompanied the said Petition.

(Signed) John P. Trotter

Dated this 26th day of December one thousand eight hundred and Sixty one

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.

8 of 8

Mutual Assurance

26th December 1861

(1) Sheriff or Steward.
(2) Sheriff or Steward.

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

1. Christian Name and Surname in full length, -
2. Sex and Age, -
3. Married, Single, or Widow, -
4. Condition of Life, and Occupation (if any), -
5. Religious Persuasion, -
6. Previous Place of Abode, -
7. Place where Found and Apprehended, -
8. Length of time Insane, -
9. Whether First Attack, -
10. Age (if known) on First Attack, -
11. When and where previously under Medical Care 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 Lunatic (if a Pauper) is Chargeable, -
18. Date of becoming Chargeable, -
19. Christian Name and Surname in full, Abode of nearest known Relation, Parent, and degree of Relationship (if known), and whether Lunatic's Family known to be Insane, -
20. Special circumstances (if any) to be stated in support of the insertion of any of the foregoing Answers, -

I certify, that, to the

Dated this

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) County of Wigtown and his Substitutes.—

The Petition of Duncan Malcolm Macfarlane, Inspector of Poor, for the Parish of Glenluce humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Sinclair, wife of James Sinclair, Manager is at present in a state of Mental Derangement and 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 Sinclair to the Southern Counties Asylum, Dumfries and to sanction her admission into the said Asylum.

(SIGNATURE) D. M. Macfarlane, Insp.r

(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 December one thousand eight hundred and sixty one years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Craig or Sinclair
2. Sex and Age,	Female. 47 years.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Grocer & Weaver's wife
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Glenluce parish of Inchcruim
7. Place where Found and Examined,	Greenhouse in the parish of Inchcruim
8. Length of time Insane,	Unknown
9. Whether First Attack,	No
10. Age (if known) on First Attack,	about 23 years.
11. When and where previously under Examination and Treatment,	Gartnavel Asylum Glasgow
12. Duration of Existing Attack,	about 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,	Inchcruim in the County of Wigtown
18. Date of becoming Chargeable,	20th December 1861
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,	James Sinclair, Husband, Weaver Glenluce, Inchcruim 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.

(SIGNATURE)* *Name,* D. M. Macfarlane, Insp.r

DATED this twenty sixth day of December one thousand eight hundred and sixty one

* To be Signed by the Party applying.

P. p.

Wigtown Asylum
26 Dec 1861
Sinclair
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, James M'Cormick,
being a (1) Magister Chirurgiae of the Glasgow
University
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Greenhouse
in the Parish of Mochrum in the County of
Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) Mrs. Margaret Craig or Sinclair,
wife of James Sinclair, Weaver and that
the said Margaret Craig or Sinclair is a (5) person
of unsound mind and a proper Person to be detained
under Care and Treatment, 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 was very restless - going out and in bed, and throwing the bedclothes out of the bed very frequently - she was at first very taciturn, and afterwards very voluble - her language was so very incoherent that it was impossible to understand her thoughts feelings or ideas.

(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 her husband and William Milly Gardner that she scattered the fire in the house - that she attempted to burn both of the paramours - that she got on a and tried to strike those near her with it - that she was quite unreasonable in her language - cursing & swearing without any provocation, and that she destroys several of the household utensils

(SIGNED) Name and Medical Designation, James M'Cormick M. D.

Place of Abode, Port William

DATED this twenty first day of December One thousand eight hundred and sixty one.

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, Plumber White
being a (1) Graduate in Medicine of Edinburgh College and a Licentiate of the Royal College of Surgeons 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) Greenhouse
in the Parish of Mochrum in the County of
Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Sinclair, wife
of James Sinclair Weaver and that
the said Margaret Sinclair is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, 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 has a wild expression of countenance is restless violent and requires restraint she seems incapable of thinking or speaking rationally on any subject and to have at present no control over the current of her thoughts and feelings, but gives utterance to these in the most incoherent manner.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband and the person employed to assist him in taking care of her informed me that she entertains the following delusions viz. that her neighbours are putting poison in the meat she gives her children - that she sees persons coming to the house and taking away her property - that she is poisoned by what she eats and drinks - that she is violent has broke pots and other articles and has threatened to burn the house - that she thinks that she is in Jerusalem - that she has pushed them with knives, and has attacked Sarah Shuttleworth with a chopping knife

(SIGNED) Name and Medical Designation, Plumber White M.D.

Place of Abode Wigtown

DATED this sixth day of December one thousand eight hundred and sixty one.

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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 Murray Esquire Sheriff Substitute (1)
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Duncan Malcolm Macfarlane Inspector of Poor of the parish of Mochrum
Certificates under the hands of James McCormick Surgeon
and Dunbar White 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)
Margaret Craig or Sinclair, pauper and that the said
Margaret Craig or Sinclair 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 Craig or Sinclair 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 Margaret Craig or Sinclair which accompanied the said Petition.

(SIGNATURE) Thos Murray

DATED this twenty sixth day of December one thousand eight hundred and sixty one

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

3

(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.

8 44

Margaret Craig or
Sinclair
27th December
1861

8 79

Margaret Craig v.
Frederick
27 & December
1851