Sheriff's Warrants

Publication/Creation

1884-1885

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1884-1885
od. 30 May 1884
no. 2721

No. 6333.

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

An Application having been made to the General Board of Commissioners in Lunacy, and having been duly considered, for the liberation on trial of Agnes Dowds a Patient in Crichton Royal Institution, Dumfries together with the accompanying Statement and Medical Certificate, I hereby, by Authority of the Board, sanction the liberation of the said Patient until 1st September 1910.

John Macpherson
Commissioner in Lunacy.

Dated at Edinburgh, this First day of June, One Thousand Nine Hundred and Ten.

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

(1.) *Notice of Patient leaving Asylum.*

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

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

See Rules on other side.

M & G Ltd—1000—11-08

RULES FOR THE REMOVAL ON PROBATION OF PATIENTS IN ASYLUMS.

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

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

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

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

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

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

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

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

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

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

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

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

Probation.
2721 Agnes Amend.
1st class to 1st Septr. 1910.

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

[FORM A]

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

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

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

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

The Petition of William James Harding Junr. 10 Ellison Place Newcastle-on-Tyne

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Laura Minna Harding Spinster 10 Ellison Place Newcastle-on-Tyne your Petitioner's (3) Sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Laura Minna Harding to the Crichton Royal Institution — and to sanction her admission into the said Asylum.

Wm J. Harding Jr.

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

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

DATED this First (4) day of January One thousand eight hundred and Eighty 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,	Laura Minna Harding
2. Sex and Age,	Female 26 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Gentlewoman
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	10 Ellison Place Newcastle
7. Place where Found and Examined,	Found D°. Exd at Dumfries.
8. Length of time Insane,	3 months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	26 years.
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	3 months
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William James Harding 10 Ellison Place Newcastle on Tyne - Father -
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this First day of January One thousand eight hundred and eighty four

(*To be signed by Party applying*) Wm J. Harding Jr.

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Alexander Thomson
being a (1) Doctor of medicine of the University of Glasgow and Surgeon
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 27 Castle St. Dumfries — in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Laura Emma Harding, Spinster, 10 Ellison Place, Newcastle-on-Tyne and that the said Laura Emma Harding is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 general appearance - the incoherent manner in which she talks about the Church and other matters.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Wm Jas Harding Jr. brother - tells me that for some weeks, she been at times violent and unmanageable and at other times depressed

Name and Medical Designation, } Alex Thomson M.D.

Place of Abode, Castle St. Dumfries

DATED this First day of January One thousand eight hundred and eighty 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, James Hunter Dyden
being a (1) Licentiate of the Royal colleges of Surgeons & Physicians Edinburgh
and being in actual practice as a (2) General Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Creighton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Laura Emma Harding and that the said Laura Emma Harding is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She talks incoherently & cannot answer questions rationally. She is not sure of her own name or what she died. Her facial expression indicates mental disorder

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

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

Name and Medical Designation, } J Hunter Dyden M.R.C.P.S.E.

Place of Abode 18 George Street, Dumfries

DATED this first day of January One thousand eight hundred and eighty four years.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Alexander Thomson being (1) a Doctor of Medicine hereby certify, on soul and conscience, that I have this day, at (2) 27 Castle St in the County of Dumfries, seen and personally examined Laura Minna Harding, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Alex Thomson M.D. &c.

DATED this First day of January One thousand eight hundred and Eighty four years.

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

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

I, David Boyle Hope, —(1) Sheriff-Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) William James Harding, Senior, 10 Ellison Place, Newcastle on Tyne, Certificates under the hands of Alexander Thomson and James Hunter Dryden, —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Laura Minna Harding 10 Ellison Place, Newcastle on Tyne, Petitioner and that the said Laura Minna Harding, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Laura Minna Harding as a Patient into the (6) Public — Asylum of Crichton 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 Laura Minna Harding, which accompanied the said Petition.

DATED this Second day of January, One thousand eight hundred and eighty four.

David Boyle Hope

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

---

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

1843.

Laura Minna Harding.

1 January 84.

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

[FORM A]

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

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

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

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

The Petition of John Henry Fullerton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that the Revd. Thomas Fullerton your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Revd. Thomas Fullerton to the and to sanction his admission into the said Asylum.

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

J H Fullerton

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

DATED this (4) day of One thousand eight hundred and

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Thomas Fullerton
2. Sex and Age,	male Thirty four
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Clergyman of the Irish Church Church of Ireland
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	Newblissgentil brought to Retreat Armagh
7. Place where Found and Examined,	Armagh brought to Retreat & examined thereby the Irish Orders
8. Length of time Insane,	Peculiar for past two or three years
9. Whether First Attack,	do not know came on gradually
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	— See 6 & 7
12. Duration of Existing Attack,	confined now since Dec. 5th
13. Supposed Cause,	Over excitement & study
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	might strike if excited but by no means violent
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	no
18. Date of becoming Chargeable,	no
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Jane Fullerton. Mother, Victoria Street. Armagh There has been no insanity except in the case of a grand Uncle long since dead.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	nil

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

DATED this 1st day of January One thousand eight hundred and Eighty four

(*To be signed by Party applying*) J H Fullerton

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,
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. :—

(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)

Name and Medical Designation, _____

Place of Abode, _____

DATED this day of 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 otherwise, as the case may be.*

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

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

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

I, the undersigned, James Hunter Dryden
being a (1) Licentiate of the Royal College of Surgeons & Physicians Edinburgh.
and being in actual practice as a (2) general medical practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 33 Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) the Reverend Thomas Fullerton, clergyman of the Irish Church and that
the said Rev. Thomas Fullerton is a (5) person of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

He says he has had to leave Ireland to ~~escape for~~ elude the police, who he believes to be on his track. He also says that he is the confidential adviser of the authorities at Dublin Castle

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

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

He has had previous residence in an Asylum

Name and Medical Designation, J. Hunter Dryden LRC

Place of Abode 18 George St. Dumfries

DATED this second day of January One thousand eight hundred and eighty four years.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, James Hunter Brydon
being (1) Licentiate of the College of Physicians Physicians
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries
in the County of Dumfries, seen and personally examined
the Reverend Thomas Fullerton, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

J. Hunter Brydon L.R.C.P. Edin.

Dated this second day of January One thousand eight hundred and eighty four.

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

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

I, (1)
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 authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said which accompanied the said Petition.

Dated this day of One thousand eight hundred and

To the Superintendent of the (7)
Asylum of

---

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

1844

Rev. Thos. Fullerton

2nd January 1884.

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

[FORM A]

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 & Galloway *and his Substitutes,—*

The Petition of Peter Gordon Inspector of Poor Kirkcowan Parish humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Duff is at present in a state of Mental Derangement, and 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 Duff —— to the ~~Southern Counties~~ Asylum Dumfries and to sanction her admission into the said Asylum.

(SIGNED) Peter Gordon Inspector of Poor Kirkcowan

(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 January One thousand eight hundred and Eighty 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,	Margaret Duff
2. Sex and Age,	Female aged 63 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Outdoor Worker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Killiemore Penninghame
7. Place where Found and Examined,	Killiemore Penninghame
8. Length of time Insane,	intimated to me Last night as having been coming on for eight days past.
9. Whether first attack,	yes
10. Age (if known) on first Attack,	unknown
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries
12. Duration of existing Attack,	Suppose about eight days
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes threatening violence
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcowan Parish
18. Date of becoming Chargeable,	3d January 1884.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Jane McGuire. Killiemore. Penninghame a Sister of the Patient. None of the family ever 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,* P Gordon

DATED this Third day of January One thousand eight hundred and Eighty 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.

(6) *State the facts.*

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

I, the undersigned, being a (1) Bachelor of Medicine, Edin: and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Killiemore in the County of Wytown separately from any other Medical Practitioner, visited and personally examined (4) Margaret Duff Pauper and that the said Margaret Duff 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 raves incoherently. Says that a neighbour my farmer is to be murdered, that all patients are to be murdered. That she will murder her brother-in-law & his wife & kill her.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) From her Brother-in-law. She saw she would clean the Kitchen with a hatchet if he should appear. Can't bear the sight of her brother & says he ought to be taken to the prison. Thinks she is going to poison him.

(SIGNED) *Name and Medical Designation,* John Valentine MB CM.

Place of Abode, Kirkcowen

DATED this third day of January One thousand eight hundred and eighty 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, being a (1) Bachelor of Medicine of Edinburgh University & Master in Surgery and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Killiemore in the County of Argyleun separately from any other Medical Practitioner, visited and personally examined (4) Margaret Duff, Pauper and that the said Margaret Duff is a (5) Person of unsound mind and a proper person to be detained 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 rambling questions very incoherently uses bad language, talks of murdering & doctors murdering people among the policemen, says her brother-in-law is going to murder her &c &c

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

Her brother-in-law says she is wild & violent, that she uses very foul obscene language, that she would run away from the house often by night & all day unless restrained &c &c

(SIGNED) *Name and Medical Designation,* David Matthews M.B. F.R.C.S. Edin.

Place of Abode, Glenluce

DATED this third day of January 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
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 Mackie Esquire (1) Sheriff Substitute of the (2) County of Wigtown, having had produced to me, with a Petition at the instance of (3) Peter Gordon Inspector of Poor Kirkcowan Parish Certificates under the hands of John Valentine M.B. Kirkcowan and David Matthews M.B. C.M. Glenluce, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Duff (Pauper) and that the said Margaret Duff 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 Duff 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 Duff which accompanied the said Petition.

(SIGNED) Wm Mackie

DATED this fourth day of January One thousand eight hundred and eighty four

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.

Margaret Duff
3rd January 1884

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

[FORM A]

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

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

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

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

The Petition of Miles Mc Dowall, Sheriff of Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Jane Wilkinson Linthead

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

your Petitioner's (3) Single

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Jane Wilkinson Linthead to the Southern Counties Asylum and to sanction her admission into the said Asylum. Two medical certificates.

Miles Mc Dowall

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

DATED this 5th (4) day of January One thousand eight hundred and Eighty Four years.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Mary Jane Wilkinson Linthead
2. Sex and Age,	Female 24 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	—
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Glasgow
7. Place where Found and Examined,	Ladyaw Prison
8. Length of time Insane,	—
9. Whether First Attack,	no
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	Glasgow Parochial Asylum about a year ago
12. Duration of Existing Attack,	—
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	3rd January 1884
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	—
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Could not get more information

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

DATED this 5th day of January One thousand eight hundred and Eighty Four years

(*To be signed by Party applying*) Miles Mc Dowall

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Malcolm Black
being a (1) Bachelor of Medicine of Glasgow University
and being in actual practice as a (2) General Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the Prison of Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Mary Jane Wilkinson Leithead Pauper residing in the Prison Leithead M.D. and that the said Mary Jane Wilkinson is a (5) Mr insane person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) (1) Violent behaviour (2) Constantly talking unconnected nonsense (3) Foul Language (4) Says she has got no food for some days.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Warder states (1) That she does not sleep. (2) Is constantly violent, kicking, biting & scratching attendants, and talking nonsense & using very foul language. (3) She pulled down gas pipe & attacked warder with a dish.

Name and Medical Designation, Malcolm Black M.B. Ch.

Place of Abode, 5 Canning Place Glasgow

DATED this Third day of January One thousand eight hundred and eighty 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, William Dougall
being a (1) Graduate of the Faculty of Physicians & Surgeons Glasgow and Member 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) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Jane Wilkinson Leithead Pauper in the said Mary Jane Wilkinson Leithead 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 Mixes Dreams and Absurd Language Gave reasons trying to buy or do something absurd & impossible

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The attendants spoke much the same statements as above

Name and Medical Designation, W. Mordell M.D. D.P.H.

Place of Abode 27 Buccleuch St Dumfries

DATED this 5th day of January One thousand eight hundred and eighty four years

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Malcolm Black being (1) a Bachelor of Medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) the Prison of Glasgow in the County of Lanark seen and personally examined Mary Jane Wilkinson Leithead, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Malcolm Black L.R.C.P.

DATED this Third day of January One thousand eight hundred and eighty four years

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

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

I, William Henry Hunter (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Miles McInnes, Inspector of Poor, Dumfries Certificates under the hands of Malcolm Black 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) Mary Jane Wilkinson Leithead Glasgow Prison (a pauper) and that the said Mary Jane Wilkinson Leithead is a (5) Insane person and a Lunatic, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Jane Wilkinson Leithead, as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Jane Wilkinson Leithead which accompanied the said Petition.

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

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

W H Hunter
W.S.

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

2844

Mary Jane Littlead
4 Jan. 884

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

§ State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

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

1. Christian Name a
length, .
2. Sex and Age,
3. Married, Single,
4. Condition of Life
(if any), .
5. Religious Persuas
6. Previous Place of
7. Place where Pers
8. Length of time In
9. Whether First Att
10. Age (if known) o
11. When and where
tion and Treat
12. Duration of Existi
13. Supposed Cause,
14. Whether subject
15. Whether Suicidal
16. Whether Dangero
17. Parish or Union
Pauper) in Ch
18. Date of becoming
19. Christian Name a
Abode of near
Patient, and
known), and w
Family known
nate, .
20. Special circumsta
insertion of an

I certify, that,

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]

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

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

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

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

The Petition of Maxwell Beattie, New Manis, Kirkmahoe,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Beattie

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

your Petitioner's (3) Daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isabella Beattie to the Southern Counties Asylum, and to sanction her admission into the said Asylum.

Maxwell Beattie

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

DATED this 12th (4) day of January — One thousand eight hundred and 84

STATEMENT.

If any 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 Beattie
2. Sex and Age,	Female - 21 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Ruthwell
7. Place where Found and Examined,	New Manis
8. Length of time Insane,	One month
9. Whether First Attack,	First
10. Age (if known) on First Attack,	21 years
11. When and where previously under Examination and Treatment,	Dundee
12. Duration of Existing Attack,	1 month
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Private
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Maxwell Beattie Father none of the relations have ever been insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

DATED this 12th day of January One thousand eight hundred and Eighty five

(To be signed by Party applying) Maxwell Beattie

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Joseph Dennistoun
being a (1) a Graduate of Glasgow University
and being in actual practice as a (2) a Physician in Kortwright
hereby certify, on soul and conscience, that I have this day, at (3) New Orleans
Kortwright in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Isabella Beattie
and that
the said Isabella Beattie is a (5) Person of
Unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) In every way by refusing to cooperate those around her obstinacy and incoherently & remains in a state of stupor. & are quite unremovable.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
none: except remarks as above

Name and Medical Designation, J Dennistoun M.D.

Place of Abode, Kortwright

DATED this 12th day of January One thousand eight hundred and Eighty 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.

I, the undersigned, William Marshall
being a (1) Graduate of the faculty of Physicians & Surgeons Glasgow and Fellow of the other
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) New Orleans
Kortwright in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Isabella Beattie
and that
the said Isabella Beattie is a (5) person of
Unsound mind and a proper person to be detained
under Care and Treatment, 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 seems quite unable to attend to anything for her own benefit & comfort and determined not to be interfered with in any way she can

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her friends state much the same as above

Name and Medical Designation, Wm Marshall M.D.

Place of Abode 27 Broadway St Dumfries

DATED this 13th day of January One thousand eight hundred and Eighty four years

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Joseph Dinwiddie being (1) a Graduate of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) Newmains Kirkmahoe in the County of Dumfries, seen and personally examined Isabella Beattie, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

J Dinwiddie M.D.

DATED this 17th day of January One thousand eight hundred and eighty four Years

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

M.D. Glasgow University + Licentiate of the Faculty of Physicians & Surgeons. Glasgow

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

I, David Boyle Stope, (1) Sheriff-Substitute, of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Maxwell Beattie Newmains, Kirkmahoe, Certificates under the hands of Joseph Dinwiddie 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) Isabella Beattie Newmains, Kirkmahoe (Petit Dumfries) and that the said Isabella Beattie, is a (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 Beattie, 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 Isabella Beattie, which accompanied the said Petition.

DATED this Fourteenth day of January One thousand eight hundred and eighty four.

David Boyle Stope

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

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

Ada Beattie
12th January 1884

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

[FORM A]

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

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

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

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

The Petition of Giles McAdams, Inspector of Poor, Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Collart —

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

your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Collart to the Southern Counties Asylum and to sanction her admission into the said Asylum.

Giles McAdams

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

DATED this Fifteenth (4) day of January One thousand eight hundred and Eighty Four 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 Collart
2. Sex and Age,	Female - 18 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,	St Mungo
7. Place where Found and Examined,	Royal Infirmary Dumfries
8. Length of time Insane,	about a Month
9. Whether First Attack,	yes so far as known
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	Not known
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	yes might be
16. Whether Dangerous to others,	Dumfries
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	13th January 1884
18. Date of becoming Chargeable,	Isabella Hallder or Collart, Mother,
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Resides at Shillyholm, St Mungo.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none
	none

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

DATED this 13th day of January One thousand eight hundred and Eighty Four years.

(*To be signed by Party applying*) Giles McAdams

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, Normandy Duff Macdonald
being a (1) Graduate of Edinburgh Universi
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Royal Infirm
Dumfries
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Agnes Collard Pauper
and that
the said Agnes Collard is a (5) person of
Unsound Mind and a proper Person to be detained
under Care and Treatment, 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 been under my
Care for a fortnight in the Infirmary and has
been very excitable screaming and laughing
without reason and lastly set fire to her
Clothes today

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The
House Surgeon says she during meals by the passeng
and was of good industry - Penitentiary, until
him. Nurse also says she has violence to
the Chaplain at one to many times to the House Sur

Name and Medical Designation, A Normandy Macdonald M
Place of Abode, 18 Castle St Dumfries

DATED this 13th day of January One thousand eight
hundred and eighty 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.

I, the undersigned, W Thomson Marshall
being a (1) Graduate of the Faculty of Physicians & Surgeo
Glasgow and 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) Southern Counties
Asylum Dumfries
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Agnes Collard
and that
the said Agnes Collard
Pauper is a (5) person of unsou
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Seems excitable
Constantly on the move and laughs and cries
Resistive any thing being wrong with her &c

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The House Surgeon at Infirmary told me
She had burned her clothes &c

Name and Medical Designation, W Marshall M.D.
Place of Abode 27 Buccleuch St Dumfries

DATED this 14th day of January One thousand eight
hundred and eighty four years

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Alexander Dale Macdonald being (1) graduate of Edinburgh, Glasgow, Royal Infirmary hereby certify, on soul and conscience, that I have this day, at (2) in the County of Dumfries, seen and personally examined Agnes Collart - Pauper, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

A Dale Macdonald MD

DATED this 13th day of January One thousand eight hundred and eighty four

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

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

I, David Boyle Hope (3) Sheriff Substitute, of the (4) County of Dumfries, having had produced to me, with a Petition at the instance of (5) Miles McInnes, Inspector of Poor, Dumfries Certificates under the hands of Alexander Dale Macdonald, 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 (6) Agnes Collart Royal Infirmary Dumfries and that the said Agnes Collart, as a (7) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Collart as a Patient into the (8) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Collart, which accompanied the said Petition.

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

David Boyle Hope

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

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

2511
Agnes Mc Hart
18 yrs January 1884

(*) Sheriff or Steward.
(†) Elder or Secretary.

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

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

1. Christian Name
length, .
2. Sex and Age,
3. Married, Single,
4. Condition of Life
(if any), .
5. Religious Persuas
6. Previous Place of
7. Place where Form
8. Length of time I
9. Whether First A
10. Age (if known) o
11. When and where
tion and Treat
12. Duration of Exist
13. Supposed Cause,
14. Whether subject
15. Whether Suicidal
16. Whether Dangero
17. Parish or Union
Pauper) is Ch
18. Date of becoming
19. Christian Name
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Patient, and
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20. Special circumsta
insertion of a

I certify, that,

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]

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

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

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

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

and his Substitutes,—

The Petition of Elizabeth Donwoodie or Kerr

Burnside Kirkmahoe

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Edward Kerr,

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

your Petitioner's (3) Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Edward Kerr, to the Crichton Royal Institution and to sanction his admission into the said Asylum.

Elizabeth Donwoodie or Kerr

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

DATED this 14th (4) day of January One thousand eight hundred and Eighty 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,	Edward Kerr
2. Sex and Age,	male - 19 years
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Farm Worker
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Burnside Kirkmahoe
7. Place where Found and Examined,	Burnside. Kirkmahoe
8. Length of time Insane,	four days
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	19 years
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	four days
13. Supposed Cause,	none
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Elizabeth Donwoodie or Kerr. above designed. (Mother) No
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

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

DATED this 14th day of January —One thousand eight hundred and Eighty four.

(*To be signed by Party applying*) Elizabeth Donwoodie or Kerr

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, John Smith
being a (1) Graduate in Medicine of Edinburgh Univ
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Burnside Cottage
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Edward Kerr, Farmer
Burnside and that
the said Edward 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) His insane excited appearance & rambling incoherent speech & at times violent in words & actions

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His Mother informs me that he is quite unmanageable, using violence & is going to be killed.

Name and Medical Designation, John Smith MB
Place of Abode, 14 Castle St. Dumfries

DATED this 14th day of January One thousand eight hundred and 84 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, Joseph Dinwiddie
being a (1) Graduate in Medicine Glasgow Univ
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Burnside Cottage
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Edward Kerr, Farmer
Burnside and that
the said Edward 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) Wild, insane appearance and actions at times violent requiring forcible restra

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His mother informs me that he is quite unmanageable & threatens violence

Name and Medical Designation, Joseph Dinwiddie M
Place of Abode 14 Castle St Dumfries

DATED this 14th day of January One thousand eight hundred and Eighty four.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, being (1) Graduate in Medicine & Licentiate hereby certify, on soul and conscience, that I have this day, at (2) Burnside, Kirkmahoe in the County of Dumfries, seen and personally examined Edward Kerr, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

John Smith MD

DATED this 14th day of January One thousand eight hundred and 84 four.

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

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

I, David Boyle Kirkpatrick (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me with a Petition at the instance of (3) Elizabeth Dinwoodie or Kerr Burnside, Kirkmahoe Certificates under the hands of John Smith and Joseph Dinwiddie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Edward Kerr, Burnside, Kirkmahoe, Peterson and that the said Edward Kerr, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Edward Kerr as a Patient into the (6) Public Asylum of Crichton 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 Edward Kerr which accompanied the said Petition.

DATED this Fifteenth day of January — One thousand eight hundred and eighty four.

David Boyle Kirkpatrick

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

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

2678
Edward Kerr
13th January 1884

7691

GENERAL BOARD OF LUNACY SCOTLAND
2 Jan 84

[FORM B²]

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

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

I, the undersigned Miles McInnes being desirous to transfer Annie McGregor or Milligan at present a Patient in Perth District Asylum, and (¹) a pauper Lunatic of the parish of which I am Inspector, from the said Asylum to the Southern Counties Asylum at Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Annie McGregor or Milligan and a Medical Certificate with respect to her mental and bodily condition.

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

Miles McInnes
Inspector of Poor, Dumfries

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

DATED at Dumfries this 31st day of December One thousand eight hundred and Eighty Three years.

STATEMENT.

1. Christian Name and Surname of Patient at length,	Annie MacGregor or Milligan
2. Sex and Age,	Female — 26
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and Previous Occupation (if any),	Tailoress,
5. Religious Persuasion, so far as known,	Protestant,
6. Date of Admission into Asylum,	6th October 1883,
7. Length of time Insane,	12 Months,
8. Whether first Attack,	Yes,
9. Age (if known) on first Attack,	—
10. Duration of existing Attack,	—
11. Supposed Cause,	Cash losses,
12. Whether subject to Epilepsy,	No,
13. Whether Suicidal,	No
14. Whether Dangerous to others,	Yes
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	— Dumfries
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Janet McGregor, Residing at Culton of Newfoyle 1 aunt Not as far as known

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

(*To be signed by the Applicant*) Miles McInnes

DATED this 31st day of December One thousand eight hundred and Eighty Three years.

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

MEDICAL CERTIFICATE.

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

I, the undersigned Colin MacIver Campbell being (1) a Doctor of Medicine of Aberdeen University hereby certify that I have this day at (2) Perth District Asylum, Murie personally examined Annie McGregor or Milligan at present a Patient in said Asylum, and with respect to ~~his~~ her Mental State that she is in a state of Mania

; and with respect to ~~his~~ her Bodily Health and Condition that she is delicate bodily health and somewhat reduced condition

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

C. MacIver Campbell

DATED this 23rd day of December One thousand eight hundred and eighty-three

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SANCTION BY THE BOARD OF LUNACY.

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

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

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) The Inspector of Poor, Parish of Dumfries to authorize the transfer of Annie McGregor or Milligan from Perth District Asylum to Southern Counties Asylum, Dumfries, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Annie McGregor or Milligan as requested.

[signature] Commissioner.

DATED at Edinburgh, this 2nd day of January One thousand eight hundred and eighty four.

Date of Sheriff's Order,
5th October 1883.

Annie McGregor or Milligan
15th January 1884

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

[FORM A]

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

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

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

Unto the Honourable the (1) Sheriff of the (2) ~~Shire~~ of Dumfries & Galloway *and his Substitutes.*

The Petition of Alexander McWilliam Inspector of Poor Parkgate

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Fisher,

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

your Petitioner's (3) pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said David Fisher to the Southern Counties Asylum and to sanction his admission into the said Asylum.

Alex McWilliam Insp of Poor Carlaverock

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

DATED this 18th (4) day of January One thousand eight hundred and eighty 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,	David Fisher
2. Sex and Age,	Male 69
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,	Lochrutton
7. Place where Found and Examined,	18 Castle Dumfries
8. Length of time Insane,	4 weeks
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	69
11. When and where previously under Examination and Treatment,	Southern Counties Asylum.
12. Duration of Existing Attack,	4 weeks
13. Supposed Cause,	After an attack of Inflammation of lungs
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	~~Yes~~ No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Carlaverock 18th Jan 1884
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Agnes Duncan (Wife) Craig Cottage Carlaverock.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

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

(*To be signed by Party applying*) Alex McWilliam

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Alexander Dick MacDonald being a (1) Graduate of Edinburgh University and being in actual practice as a (2) physician & surgeon hereby certify, on soul and conscience, that I have this day, at (3) 18 Castle St Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) David Fisher Craig Cook Cantamuth number and that the said David Fisher is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) is very excitable and fancies that his relations are poisoning him is very restless ~~and~~ talkative, which has gradually increased since his removal from Asylum

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) his wife says that he is again becoming unmanageable and he has been violent to her & his daughter and attempted to escape from home

Name and Medical Designation, A D MacDonald

Place of Abode, 18 Castle St Dumfries

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

I, the undersigned, Richard B. Lorraine being a (1) Graduate of Edinburgh University and being in actual practice as a (2) physician & surgeon hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) David Fisher (Pauper) and that the said David Fisher (Pauper) is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) In very restless and suspicious — says his wife tried to poison him with p[illegible] thinks his porridge this morning had a strange effect upon him — says they are bad in their treatment to h[illegible] at home.

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

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

Name and Medical Designation, R B Lorraine M B C M Edin

Place of Abode 2 Irving Street Dumfries

DATED this nineteenth day of January One thousand eight hundred and eighty four.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Alexander Ball MacDonald being (1) a Physician & Surgeon by Examination hereby certify, on soul and conscience, that I have this day, at (2) 11 Castle St Dumfries in the County of Dumfries, seen and personally examined David Fisher Miner, Quarrier, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

A B MacDonald MD

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

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

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

I, David Boyle Hope, — (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander McWilliam, Inspector of Poor, Parliament Close Certificates under the hands of Alexander Ball MacDonald, and Richard B. Lorraine —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) David Fisher, Labourer, Craigcaffie, Cummertrees, and that the said David Fisher, — is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Fisher, — as a Patient into the (6) Public — Asylum of Southern Counties and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David Fisher, which accompanied the said Petition.

DATED this Eighteenth day of January, — One thousand eight hundred and eighty four.

David Boyle Hope

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

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

David Fisher
18th January 1884

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

[FORM A]

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

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

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

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

The Petition of John Maxwell, Inspector of Poor Tregum, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Hairstens or Lennon, your Petitioner's (3) Pauper, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isabella Hairstens or Lennon, to the Southern Counties Asylum and to sanction her admission into the said Asylum.

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

John Maxwell, Insp. of Poor Tregum

DATED this Twenty-first (4) day of January — One thousand eight hundred and eighty four yrs.

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Isabella Hairstens or Lennon
2. Sex and Age,	Female—42 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Charwoman
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	13 Friars Vennel
7. Place where Found and Examined,	13 Friars Vennel
8. Length of time Insane,	a few days.
9. Whether First Attack,	First attack.
10. Age (if known) on First Attack,	42 years
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	a few Days.
13. Supposed Cause,	not Known.
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Tregum.
18. Date of becoming Chargeable,	4th July. 1881.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Charles Hairstens father lives at 9 Friars—beyond Dumfries. Husband. John Lennon. Has left in desertion. Some of the family beside pauper appears to be a little weak minded.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

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

DATED this Twenty first day of January — One thousand eight hundred and eighty four.

(*To be signed by Party applying*) John Maxwell, Insp. of Poor. Tregum. P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, John Cunningham being a (1) Licentiate of the Royal Colleges of Physicians & Surg Edinburgh & Mid and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 13 Friars Vennel Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Hairstens or Lennon pauper, 13 Friars Vennel, Dumfries, and that the said Isabella Hairstens or Lennon is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her facial expression indicates mental disorder, she talks incoherently under the impression that her neighbours are going to ben

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She has threatened her neighbours with violence

Name and Medical Designation, John Cunningham M. LRCPS

Place of Abode, 35 Buccleuch Street, Dumfries

DATED this twenty first day of January One thousand eight hundred and eighty four years

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MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal Colleges of Surgeons & 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) 13 Friars Vennel, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Hairstens or Lennon a pauper and that the said Isabella Hairstens or Lennon is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 suspicious of those about her, she imagines her neighbours are conspiring to annoy & injure her. At times she is restless, excited, & incoherent in language.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her neighbours informed she that she is violent in her behaviour, & has threatened them frequently.

Name and Medical Designation, J Hunter Dryden LRCPS

Place of Abode 18 George St. Dumfries

DATED this twenty first day of January One thousand eight hundred and eighty four years.

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Hope (1) Sheriff-Substitute
of the (2) county of Dumfries
having had produced to me, with a Petition at the instance of (3) John Maxwell
Inspector of Poor, Torthorwald
Certificates under the hands of George Cunningham
and James Hunter Dryden, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Isabella Hamilton or Lennox 13 Friars Vennel, Dumfries and that the said Isabella Hamilton or Lennox is a (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 Hamilton or Lennox 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 Isabella Hamilton or Lennox which accompanied the said Petition.

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

David Boyle Hope

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

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

(†) Sheriff or Steward of a Manor or Stewartry.

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

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

1. Christian Name and Surname, Residence, and Length, -

2. Sex and Age,

3. Married, Single, or Widow,

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

5. Religious Persuasion,

6. Previous Place of Abode,

7. Place where Found,

8. Length of time Lunatic has been under Care,

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 Epilepsy,

15. Whether Suicidal,

16. Whether Dangerous,

17. Parish or Union to which Lunatic (if a Pauper) is Chargeable,

18. Date of becoming Chargeable,

19. Christian Name and Surname, Residence, and Abode of nearest Relative of Patient, and degree of Relationship (if known), and whether Pauper or Private. If Family known to Parish Officers, state the same, -

20. Special circumstances to be stated, and Reasons for insertion of any of the above Particulars,

I certify, that, to

Dated this

eighty

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

[FORM A]

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

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

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

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

The Petition of James Kelly, Inspector of Poor Stranraer

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Nanny Campbell or Pettigrew (a pauper)

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

~~your Petitioner's~~ (3) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Nanny Campbell or Pettigrew to the Southern Counties Asylum at Dumfries and to sanction her admission into the said Asylum.

James Kelly

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

DATED this twenty first (4) day of January — One thousand eight hundred and eighty 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,	Nanny Campbell or Pettigrew
2. Sex and Age,	female - aged 80.
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Standrew St. Stranraer
7. Place where Found and Examined,	do do
8. Length of time Insane,	3 months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	80
11. When and where previously under Examination and Treatment,	Never before under treatment
12. Duration of Existing Attack,	3 months
13. Supposed Cause,	old age
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes One thousand eight
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Stranraer
18. Date of becoming Chargeable,	21 January 1884
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Margt Campbell Niece Standrew St Stranraer
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this twenty first day of January One thousand eight hundred and eighty four.—

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

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Hugh Cochrane being a (1) Licentiate of the Royal College of Physicians Ed a Licentiate of the Faculty of Physicians & Surgeons Glasgo and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) St Andrews St, Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Nanny Campbell or Pettigrew and that the said Nanny Campbell or Pettigrew is a (5) person of unsound mind. and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) On my appearan She solicited my help as the woman with w She was staying was going to murder her. Told m that her guardian was now in the bed and wou have me to go in to them. Talks in a very rambl manner. She says she is young one that she is going to h

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Ann Service says she rambles and talks nonsense. Gets into outrageous fits or any person speaking their opinion & swears & yells to at the pitch of her voice.

Name and Medical Designation, Hugh Cochrane L.R.C.P.S.Ed.

Place of Abode, Stranraer

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

I, the undersigned, David Easton being a (1) Doctor of medicine & 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) St. Andrews Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Nanny Campbell or Pettigrew, A Pauper. and that the said Nanny Campbell or Pettigrew is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has a wild and excited appearance. Says her father mother are living & demand to be taken to them, asks when the Carriage will come for her, says was staying all night in Queens Hotel Leith. Constantly talking in incoherent manner in a similar strain. Breaks out in violent outrageous attitudes, especially when contradicted.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Ann Service corroborates above. Says on any person calling to see her she becomes outrageous & would seize hold any thing, as formerly to strike them with it. I would bite & strike with her fists & is greatly annoyed at children & she cannot be left a minute alone, in case she might do some injury to herself.

Name and Medical Designation, David Easton, M.D. & R.

Place of Abode Stranraer

DATED this twenty second day of January One thousand eight hundred and eighty four.

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

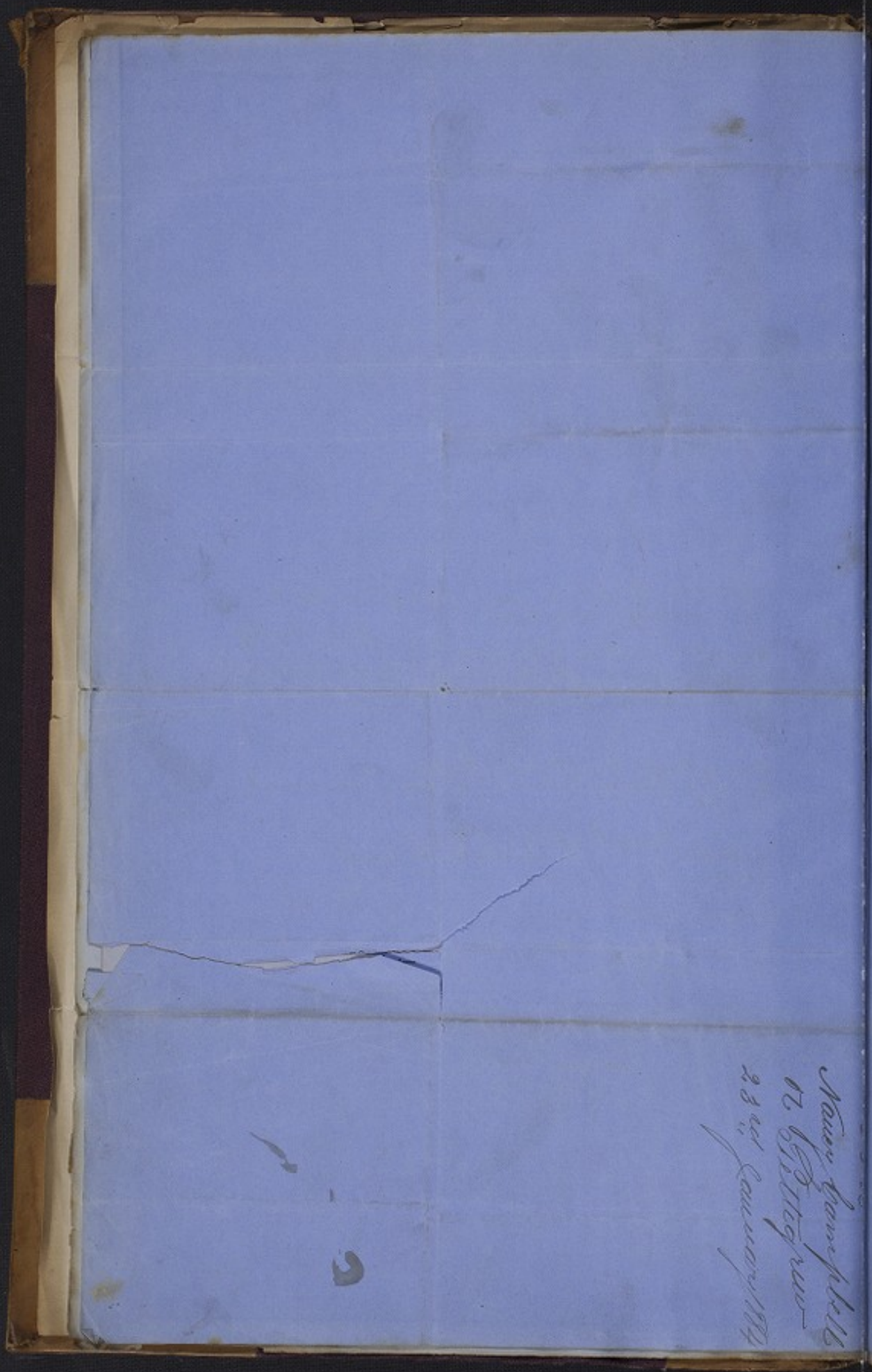
I, William M'Gibbon Esqre (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James Dalby
Inspector of Poor Stranraer
Certificates under the hands of Hugh Cochrane Surgeon Stranraer
and David Easton Doctor of Medicine there, being two 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)
Nanny Campbell or Pettigrew a pauper and that the said
Nanny Campbell or Pettigrew is a (5) person of unsound
mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Nanny Campbell or Pettigrew 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 Nanny Campbell or Pettigrew which accompanied the said Petition.

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

W. M'Gibbon S.S.

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

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



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

[FORM A]

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

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

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

Unto the Honourable the (1) Sheriff of the (2) Dumfries no of Galloway or his Substitutes—

The Petition of Alex McGeachan Inspector of Poor

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert McVittie, after examined,

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

your Petitioner's (3) pauper, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert McVittie to the Dumfries asylum and to sanction the admission into the said Asylum.

Alex McGeachan Inspector of Poor

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

DATED this 28th (4) day of January One thousand eight hundred and 884

STATEMENT.

If any 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 McVittie
2. Sex and Age,	18 Years Male
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Vagabond
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Nil
7. Place where Found and Examined,	Without Home Maryinetanks,
8. Length of time Insane,	Unknown
9. Whether First Attack,	Yes 9
10. Age (if known) on First Attack,	18 Years
11. When and where previously under Examination and Treatment,	Nil
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,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Lochmaben
18. Date of becoming Chargeable,	28th January 84.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Richardson Aunt Unknown
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

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

DATED this 28th day of January One thousand eight hundred and 84

(*To be signed by Party applying*) Alex McGeachan Inspector P.P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Thomas Reid being a (1) Graduate in Medicine of Glasgow University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Marjorie Banks Lochmaben in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Robert McVittie. Pauper Marjorie Banks Lochmaben and that the said Robert McVittie is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 an imbecile expression. Is in rags but says he is quite comfortable. Kept up a constant grin when spoken to and did not answer questions rationally. He had to be held whilst I conversed with him and once ran away and had to be coaxed like a child to wait. Has no idea of [illegible]

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mary Carmichael a neighbour says he will not accept of the shelter of [illegible] but prefers to lie in outhouses. Takes either an extra quantity of food [illegible] in starvation. Is very positive in his statements about people to whom [illegible] takes an ill will without cause and would use violence of such yields [illegible]

Name and Medical Designation, } Thomas Reid M.D.

Place of Abode, Lochmaben

DATED this 27th day of January One thousand eight hundred and eighty-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.

I, the undersigned, Alexander Dall MacDonald being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Royal Infirmary Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Robert McVittie. Pauper Marjorie Banks Lochmaben and that the said Robert McVittie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 a restless and excitable appearance with a vacuous expression seems to have no correct idea between right & wrong.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) has threatened to injure a number of people as told me by the Inspector of poor and has been in this semi-imbecile condition

Name and Medical Designation, } A D MacDonald M.D.

Place of Abode 18 Castle St Dumfries

DATED this 31st day of January One thousand eight hundred and eighty four

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Thomas Reid
being (1) a Graduate in Medicine
hereby certify, on soul and conscience, that I have this day, at (2) Johnstone
in the County of Dumfries, seen and personally examined
Robert M'Millan, pauper, Lochmaben
Robert M'Millan, pauper, Lochmaben, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Thomas Reid M.D.

DATED this 31st day of January One thousand eight hundred and eighty four

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

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

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Alexander M'Gachan
Inspector of Poor, Lochmaben
Certificates under the hands of Thomas Reid
and Alexander Dall MacDonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Robert M'Millan Marjoribanks, Lochmaben, pauper and that the said
Robert M'Millan is a (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 M'Millan as a Patient into the (6) Public Asylum of Southern Counties, and I authorize you to cause Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert M'Millan which accompanied the said Petition.

DATED this thirty first day of January, One thousand eight hundred and eighty four years.

David Boyle Hope

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

---

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

2684
Robert McVittie
31st January 1874

7702

[Form B²]

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

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

I, the undersigned Grace Ross, 7 Inverleith Gardens, Edinburgh
being desirous to transfer William Ross,
at present a Patient in the Royal Edinburgh Asylum, and (¹) detained at my instance,
from the said Asylum to the Crichton Royal Institution, Dumfries, hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said William Ross and a Medical Certificate with respect to his mental and bodily condition.

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

Grace Ross
(²) Wife

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

Dated at Edinburgh this 22nd day of January One thousand eight hundred and Eighty-four

STATEMENT.

1. Christian Name and Surname of Patient at length,	William Ross
2. Sex and Age,	Male 37 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and Previous Occupation (if any),	Clergyman Free Church
5. Religious Persuasion, so far as known,	Free Church
6. Date of Admission into Asylum,	24 May 1883
7. Length of time Insane,	about two years
8. Whether first Attack,	Yes
9. Age (if known) on first Attack,	34
10. Duration of existing Attack,	about two years
11. Supposed Cause,	unknown - perhaps long-continued ill health
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	Yes
14. Whether Dangerous to others,	No
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	
16 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of his Family known to be, or to have been Insane,	Wife, Mrs Grace Ross, 7 Inverleith Gardens, Edinburgh None

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

(*To be signed by the Applicant*) Grace Ross

Dated this 22nd day of January One thousand eight hundred and Eighty-four

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

MEDICAL CERTIFICATE.

I, the undersigned Thomas Smith Clouston being (1) a Fellow of the College of Physicians, Edinr. hereby certify that I have this day at (2) the Royal Edinr. Asylum personally examined William Ross at present a Patient in said Asylum, and with respect to his Mental State that he labours under morbid mental depression and insane delusions of suspicion between that the person, whose name crew came in league against him & trying to do him harm. ; and with respect to his Bodily Health and Condition that they are average

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

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

T. Clouston M.D. J.R.

DATED this 21st day of Jany One thousand eight hundred and 84.

1847 William Ross 31st Jan. 1884

SANCTION BY THE BOARD OF LUNACY.

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

Application having been made to the Board by (1) Grace Ross to authorize the transfer of William Ross from Edinburgh Royal Asylum to Crichton Royal Institution, Dumfries and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said William Ross as requested.

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

(2) Valid for fourteen days from date.

William Mitchell Commissioner.

DATED at Edinburgh, this 23rd day of January One thousand eight hundred and eighty four.

Date of Sheriff's Order,
26th May 1883.

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

[FORM A]

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

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

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

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

The Petition of Catherine Sturrock, the Wife of George Sturrock

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Sturrock

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

your Petitioner's (3) Husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said George Sturrock to the Crichton Asylum — and to sanction his admission into the said Asylum.

Catherine Sturrock

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

DATED this second (4) day of Febry — One thousand eight hundred and eighty 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,	George Sturrock
2. Sex and Age,	Male 50 yrs
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Parish Minister
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Corsock Manse
7. Place where Found and Examined,	Corsock Manse
8. Length of time Insane,	Two weeks
9. Whether First Attack,	First
10. Age (if known) on First Attack,	About 50 yrs
11. When and where previously under Examination and Treatment,	This is first attack
12. Duration of Existing Attack,	10 Weeks
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Sturrock Corsock Manse D Abbeattie — Wife
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

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

DATED this second day of Febry — One thousand eight hundred and eighty four

(*To be signed by Party applying*) Catherine Sturrock

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, John Meggat being a (1) Graduate of Edin University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Corsock Mans in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) George Sturrock and that the said George Sturrock is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 regarding his affairs — imagines his fam is starving & that the house has lost all windows & doors.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He attempted to drown himself — & attacked his keeper at one time

Name and Medical Designation, J. Meggat M.B. C.M.

Place of Abode, Kakpatrick Durham

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

I, the undersigned, Walter Lorraine being a (1) Graduate of Edin. Univer: and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Corsock Mans in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) George Sturrock and that the said George Sturrock is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 delusions respecting his affairs and family matters. He is melancholy & suicidal

(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 those about him that he has attempted suicide & nearly on one occasion succeeded by throwing himself into the river

Name and Medical Designation, Walter Lorraine

Place of Abode Castle Douglas

DATED this Second day of February One thousand eight hundred and eighty four

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Hope, (1) Sheriff-Substitute,
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Catherine Sturrock
The Manse, Corsock, Dalbeattie,
Certificates under the hands of John Meggat
and Walter Lorraine, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) George Sturrock, Corsock Manse (Peter's Husband) and that the said George Sturrock, is a (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 Sturrock as a Patient into the (6) Public Asylum of Crichton 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 George Sturrock, which accompanied the said Petition.

DATED this Fourth day of February One thousand eight hundred and eighty four.

David Boyle Hope

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

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

1848

George Sturrock

4 Feb. 1884.

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

[FORM A]

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

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

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

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

The Petition of Hugh Paton, Seedsman Kilmarnock gray humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Paton, Seedsman, there your Petitioner's (3) Father is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Paton to the Crichton Royal Institution Dumfries and to sanction his admission into the said Asylum.

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

Hugh Paton

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

DATED this 11th (4) day of February One thousand eight hundred and eighty four

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STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Robert Paton
2. Sex and Age,	Male age seventy five
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	Seedsman
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	
7. Place where Found and Examined,	
8. Length of time Insane,	Three weeks
9. Whether First Attack,	no
10. Age (if known) on First Attack,	Seventy
11. When and where previously under Examination and Treatment,	never been confined in an Asylum
12. Duration of Existing Attack,	Three weeks
13. Supposed Cause,	Business
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this Fourth day of February One thousand eight hundred and

(*To be signed by Party applying*) Hugh Paton

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned Don^d Macleod M^d, 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) View Vi[illegible] Hill Street, Kilmarnock Ayr in the County of separately from any other Medical Practitioner, visited and personally examined (4) Robert Paton Seedsman and that the said Robert Paton 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 restless Continually working with trifling objects. He imagines he is ruined, & that his m[illegible] have disappeared. He is expressive of the deepest despair.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) That he is sleepless refuses food & requires moderate restraint

From Son.

Name and Medical Designation, Don^d Macleod [illegible]

Place of Abode, Kilmarnock

DATED this fourth day of February One thousand eight hundred and Eighty 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 William Aitken Macleod 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) Viewvill Hill Street, Kilmarnock Ayr in the County of separately from any other Medical Practitioner, visited and personally examined (4) Robert Paton, Seedsman and that the said Robt Paton, Seedsman 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) That he is [illegible] despondent: imagines everything connected his business is unfavourable to him, & that is to end in ruin. He believes he reduced to beggary.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) That he is obstinate & refuses to do anything he is advised to do. He is very restless & continually in the move.

From Son.

Name and Medical Designation, W. A. Macleod M.D.

Place of Abode Kilmarnock

DATED this 4th day of February One thousand eight hundred and Eighty four.

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, ~~David Watt~~ John Watt (1) Sheriff Substitute
of the (2) Shire of Ayr
having had produced to me, with a Petition at the instance of (3) Hugh Paton Seedman Kilmarnock
Certificates under the hands of Donald MacLeod
and William Arthur MacLeod, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Paton Seedman Kilmarnock and that he is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Paton as a Patient into the (6) Public Royal 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 Robert Paton which accompanied the said Petition.

DATED this Fourth day of February One thousand eight hundred and eighty four

John Watt

To the Superintendent of the (7) Public Royal *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, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1879.

Robert Paton

4. Feb. 79

3 Sheriff or Provost.
4 Clerk or Secretary.

2 State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

3 The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

1. Christian Name
length, .
2. Sex and Age,
3. Married, Single,
4. Condition of L
(if any),
5. Religious Persua
6. Previous Place
7. Place where Fou
8. Length of time
9. Whether first
10. Age (if known)
11. When and where
tion and Treat
12. Duration of exis
13. Supposed Cause,
14. Whether subject
15. Whether Solitude
16. Whether Danger
17. Parish or Union
Pauper) is Ch
18. Date of becoming
19. Christian Names
Abode of nea
Patient, and
known), and
Family know
sure, .
20. Special circumst
insertion of n

I certify, that,

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]

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

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

(*) Sheriff or Steward.
(*) Shire or Stewartry.

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

The Petition of David Douglas, Inspector of Poor of Irongray humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Douglas your Petitioner's (*) Pauper (Lunatic) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Douglas to the Southern Counties Asylum and to sanction his admission into the said Asylum.

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

David Douglas

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

DATED this Second (*) day of February One thousand eight hundred and eighty four 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 Douglas
2. Sex and Age,	Male.
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,	22 Years in S. C Asylum and last 3 months Cargen Bridge
7. Place where Found and Examined,	Cargen Bridge
8. Length of time Insane,	About 23 Years
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of existing Attack,	23 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,	Irongray
18. Date of becoming Chargeable,	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 Family known to be or to have been Insane,	John Douglas, father, Cargen Bridge Irongray — No other member of family known to be insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this Second day of February One thousand eight hundred and eighty four.

(*To be signed by Party applying*) David Douglas, Inspector of Poor, Irongray 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 Douglas Kerr 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) Cargen Bridge Dropour Kirkcudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) Thomas Douglas Labourer and that the said Thomas Douglas 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.:—

(7) *State the facts.*

1. Facts indicating Insanity observed by myself: (7) Looks Morose seems a perfect Maniac does not Comprehend the Meaning of the Simplest Q

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Has another fit after that he is Quite Uncomfortable and Cannot be Kept within doors but Ingress from all Parts

Name and Medical Designation, W Marshall Cle & D

Place of Abode, 27 Buccleuch St Dumfries

Dated this 4th day of Feby One thousand eight hundred and Eighty 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, William Smith Kerr being a (1) Graduate of Glasgow University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Cargen Bridge Dropour Kirkcudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) Thomas Douglas, a pauper and that the said Thomas Douglas 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.:—

(7) *State the facts.*

1. Facts indicating Insanity observed by myself: (7) He looks Stupid and morose, will not answer a simplest question, as if he could not think.— He is idiotic.—

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His parents and sister say they are Kept very anxious about him during night & his wandering at all night and general carrying on

Name and Medical Designation, Wm Smith Kerr

Place of Abode, Dumfries

Dated this 4th day of February One thousand eight hundred and Eighty four years

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Douglas Inspector of Poor Irongray Certificates under the hands of William Marshall and William Smith Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Douglas, Carguin Bridge, Troqueer a pauper and that the said Thomas Douglas is a (5) Lunatic 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 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 Douglas which accompanied the said Petition.

DATED this Fourth day of February One thousand eight hundred and eighty four years

David Boyle Hope

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

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

2685

Thomas Douglas

4th Feb 1814

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

[FORM A]

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

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

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

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

The Petition of John Home W.S. Edinr.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Home your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Home to the Crichton Royal Institution and to sanction his admission into the said Asylum.

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

X John Home

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

DATED this 30th (4) day of January One thousand eight hundred and Eighty 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,	William Home
2. Sex and Age,	Male, 44 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Clerk
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Crichton Royal Institution
7. Place where Found and Examined,	Castle Street Dumfries
8. Length of time Insane,	24 years
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	20 years
11. When and where previously under Examination and Treatment,	Gilmour House, Melkham House Crichton Institution
12. Duration of Existing Attack,	twenty four years
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Home Great King St Edinburgh Brother A sister Was Insane —
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this 30th day of January — One thousand eight hundred and Eighty four

(*To be signed by Party applying*) X John Home

P. p.

2555

MEDICAL CERTIFICATE, No. I.

I, the undersigned, ~~William Home~~ Thomas Jefferson
being a (1) Graduate of Edin: University
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 27 Castle St
Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) William Home
and that
the said William Home is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
He is dull & taciturn – & declines to talk
or only says Yes or No · He has a stupid appearan
& seems careless of his dress

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
By his attendant That he has been been in
the Crichton Institution for some time before
a patient

Name and Medical Designation, Thomas Jefferson M.D.

Place of Abode, 22 Castle St – Dumfries

DATED this fifth day of February One thousand eight
hundred and eighty four.

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

MEDICAL CERTIFICATE, No. II.

I, the undersigned, James Hunter Dryden
being a (1) Licentiate of the Royal College of Physicians
and Surgeons Edinburgh
and being in actual practice as a (2) General Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 33 Castle Stre
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) William Home
and that
the said William Home is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) He is dull &
stupid looking, & cannot or will not
answer questions. He only answers Yes or No
& cannot be got to engage in conversation

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His attendant only he has been in the
Asylum for some time

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

Place of Abode 8 George St. Dumfries

DATED this fifth day of February One thousand eight
hundred and eighty four years.

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Thomas Ferguson
being (1) Graduate of Edin. University
hereby certify, on soul and conscience, that I have this day, at (2) 27 Castle St Dumfries
in the County of Dumfries, seen and personally examined
William Horne, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Thos Ferguson M.D.R.C.P.

DATED this fifth day of February One thousand eight hundred and eighty four.

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

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

I, David Boyle Hope — (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Horne,
W.S. Edinburgh,
Certificates under the hands of Thomas Ferguson —
and James Hunter Bryden, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Horne, Crichton Royal Institution Dumfries (Peter's Brother)
William Horne, — is a (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 Horne, — as a Patient into the (6) Public — Asylum of Crichton 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 Horne, ——— which accompanied the said Petition.

DATED this Fifth day of February, One thousand eight hundred and eighty four.

David Boyle Hope

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

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

2685

1850

William Home

5 February 1874.

—

readmitted.

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

[FORM A]

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

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

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

Unto the Honourable the (1) Sheriff of the (2) Counties of Dumpris & Galloway *and his Substitutes,—*

The Petition of Mary Jane Lyon, India Street Edinburgh humbly sheweth: that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Lyon your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Lyon to the Crichton Royal Institution and to sanction his admission into the said Asylum.

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

M. J. Lyon

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

DATED this fifth (4) day of February One thousand eight hundred and eighty 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,	Robert Lyon
2. Sex and Age,	Male, 46 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Professor of Mathematics in Canada
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Crichton Royal Institution
7. Place where Found and Examined,	Castle Street Dumfries
8. Length of time Insane,	Eleven years
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	35 years
11. When and where previously under Examination and Treatment,	Crichton Royal Institution
12. Duration of Existing Attack,	Eleven years
13. Supposed Cause,	overstudy
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary Jane Young Lyon India Street. Edinburgh (Sister) a Brother was Insane -
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this Fifth day of February One thousand eight hundred and eighty four.

(*To be signed by Party applying*) M. J. Lyon

P. p.

2685

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 Ferguson being a (1) Graduate of Edin University and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) 27 Castle St Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Robert Lyon and that the said Robert Lyon is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

He says that about 7 years ago he was married to the Queen. He says he ought to send to the owners of the Orient line of steamships who would send him £ 20 to spend upon "grog"

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

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

— By his attendant. That he has been in the Lunatic Royal Institution for 7 years.
— By patient himself. He had a brother who was in Morningside Asylum 4 or 5 years.

Name and Medical Designation, Thomas Ferguson M.B. Surgeon

Place of Abode, 22 Castle St Dumfries

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

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal Colleges of Physicians Surgeons Edinburgh and being in actual practice as a (2) General medical practitioner hereby certify, on soul and conscience, that I have this day, at (3) 33 Castle Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Robert Lyon and that the said Robert Lyon is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He says he was married to the Queen several years ago; also states that he murdered the late Archbishop of Canterbury. His language is disquieting & obscene in the extreme

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

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

By himself. That he had a brother in Morningside asylum for 3 or 4 years.

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

Place of Abode 18 Scott St, Dumfries

DATED this fifth day of February One thousand eight hundred and eighty four years.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, ~~Robertson~~ Thomas Ferguson
being (1) Graduate of Edin. Licentiate
hereby certify, on soul and conscience, that I have this day, at (2) 27 Castle St Dumfries
in the County of Dumfries, seen and personally examined
Robert Lyon, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Thomas Ferguson M.D.

DATED this Fifth day of February One thousand eight hundred and eighty four.

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

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

I, David Boyle Hope, Sheriff Substitute (1) ——————
of the (2) County of Dumfries ——————
having had produced to me, with a Petition at the instance of (3) Mary Jane Lyon,
India Street, Edinburgh ~~Grandmother~~ ——————
Certificates under the hands of Thomas Ferguson, ——————
and James Hunter Bryden, ——————, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Lyon, Crichton Royal Institution Dumfries and that the said
Robert Lyon, —— (Petitioners Brother)
is a (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 Lyon, —— as a Patient into the
(6) Public —— Asylum of ~~Southern~~ Crichton Royal 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 Lyon,
—— which accompanied the said Petition.

DATED this Fifth — day of February, One thousand eight hundred and eighty four.

David Boyle Hope

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

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

2685

1851.

Robert Lyon.

5 Feb. 1884.

Admitted.

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

[FORM A]

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

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

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

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

The Petition of Neil Macvicar, Merchant, in Liverpool

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Helen Macvicar your Petitioner's (3) Sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Helen Macvicar to the Crichton Royal Institution and to sanction her admission into the said Asylum.

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

Neil Macvicar

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

DATED this fourteenth (4) day of February One thousand eight hundred and Eighty 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,	Jane Helen Macvicar
2. Sex and Age,	Female, 38
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	lady
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	near Stranraer
7. Place where Found and Examined,	
8. Length of time Insane,	about 15 years since first ill
9. Whether First Attack,	no
10. Age (if known) on First Attack,	about ~~[illegible]~~ 14
11. When and where previously under Examination and Treatment,	on several occasions, at Garmavel
12. Duration of Existing Attack,	became ill about 10th Oct.
13. Supposed Cause,	cannot think of any
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	myself, 1 Queen's Road, Rock Ferry. brother and curator bonis. No member of the family ever known to be insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this day of One thousand eight hundred and

(*To be signed by Party applying*) Neil Macvicar

P. 7.

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, Alexander Duff Macdonald being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Jane Helen Macrae Grierson, Edinburgh and that the said Jane Helen Macrae is a (5) Insane & Unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Became very restless and excitable, does not sleep and informs me that she has several times attempted previously

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Friends state that she has been for some time back very excited & restless and sleepless and at times violent. Dr Aitkhead says that last night she was very restless and frequently out of bed. She was in Comfort

Name and Medical Designation, A Macdonald M.B. C.M.

Place of Abode, Crichton Royal Dumfries

Dated this 14th day of February One thousand eight hundred and eighty four

25855

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal College of Surgeons Physicians and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jane Helen MacVicar and that the said Jane Helen MacVicar is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 & excited, her facial expression indicates insanity, she contradicts herself frequently in course of conversation

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Dr Aitkhead informs me that she has had previous residence in an asylum

Name and Medical Designation, J Hunter Dryden

Place of Abode 18 Guyse St. Dumfries

Dated this fourteenth day of February One thousand eight hundred and eighty four years.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, E. H. Lawrence Oliphant being (1) Bachelor of Medicine and Master in Surgery hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution, Dumfries in the County of Dumfries, seen and personally examined Jane Helen Maclicar, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

E. H. Lawrence Oliphant MB, CM. Ed.

DATED this Fifteenth day of February One thousand eight hundred and Eighty four.

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

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

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Neil Maclicar Merchant in Liverpool Certificates under the hands of Alexander Dall MacDonald and J Hunter Dryden, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Helen Maclicar Spinster Stranraer and that the said Jane Helen Maclicar is a (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 Helen Maclicar 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 Jane Helen Maclicar which accompanied the said Petition.

DATED this Fifteenth day of February One thousand eight hundred and eighty four years.

David Boyle Hope

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

---

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

1832

Jane Helen MacVicar

13. Feb. 1864.

2585

1720

APPLICATION

TRANSFER

I, the undersigned

being desirous to

at present a Patient

the Board to

respect to

DATED at

One thousand eight

1. Christian Name

length, .

2. Sex and Age,

3. Married, Single,

4. Condition of Life,

(if any),

5. Religious Persuasion

6. Date of Admission

7. Length of time

8. Whether first Attack

9. Age (if known) on

10. Duration of existing

11. Supposed Cause,

12. Whether subject to

13. Whether Suicidal,

14. Whether Dangerous

15. Parish to which the

Chargeable,

16 Christian Name

of Abode of

the Patient, and

(if known), and

Family know

Insane, .

I certify that, to

(To be signed

DATED this

hundred and

N.B.—The foregoing

whose care the Patient

7720

[FORM B²]

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

GENERAL BOARD OF LUNACY 6 FEB 84 SCOTLAND

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

I, the undersigned James Kelly Inspr of Poor Stranraer being desirous to transfer Sarah Boags or McBride (Pauper), at present a Patient in Ayrshire District Asylum, and (¹) a Pauper Lunatic of the Parish of which I am Inspector from the said Asylum to the Southern Counties Asylum at Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Sarah Boags or McBride and a Medical Certificate with respect to her mental and bodily condition.

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

James Kelly

(²) Inspr of Poor Parish of Stranraer

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

DATED at Stranraer this 1st day of February One thousand eight hundred and eighty ~~three~~ four.

STATEMENT.

1. Christian Name and Surname of Patient at length,	Sarah Boags or McBride
2. Sex and Age,	female - 48
3. Married, Single, or Widowed,	Deserted by Husband
4. Condition of Life, and Previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	18th December 1883
7. Length of time Insane,	10 weeks
8. Whether first Attack,	Yes
9. Age (if known) on first Attack,	48
10. Duration of existing Attack,	10 weeks
11. Supposed Cause,	Not Known
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	Yes
14. Whether Dangerous to others,	Yes
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Stranraer
16 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	son J. McBryde Coral Glen, Maybole

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

(To be signed by the Applicant) James Kelly

DATED this 1st day of Feby One thousand eight hundred and eighty four.

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

MEDICAL CERTIFICATE.

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

I, the undersigned Charles H. Skae being (1) an M.D. L.R.C.S.E. hereby certify that I have this day at (2) the Ayr County Asylum personally examined Sarah Boags or McBride at present a Patient in said Asylum, and with respect to ~~his~~ her Mental State that ~~Sarah Boags or McB~~

She is demented. She is calm & composed in behaviour & therefore can be employed with others, although unable to guide her. She is also melancholy & suicidal; and with respect to ~~his~~ her Bodily Health and Condition that they are somewhat weak for request of food previous to admission here

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

Charles H. Skae

Dated this 5th day of February One thousand eight hundred and 84

SANCTION BY THE BOARD OF LUNACY.

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

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

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) The Inspector of Poor, Parish of Stranraer to authorize the transfer of Sarah Boags or McBride from Ayr District Asylum to Southern Counties Asylum, Dumfries, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Sarah Boags or McBride as requested.

John Sitbald Commissioner.

Dated at Edinburgh, this 8th day of February One thousand eight hundred and eighty four.

Date of Sheriff's Order,
20th December 1883

Sarah Boags or McBride
13th February 1884

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

[FORM A]

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

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

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

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

The Petition of Joseph Irving

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Catherine Irving

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

your Petitioner's (3) Wife

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Catharine Irving to the Crichton Asylum and to sanction her admission into the said Asylum.

Joseph Irving

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

DATED this 20th (4) day of Feby One thousand eight hundred and 84

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Catharine Robison Pagan or Irving
2. Sex and Age,	Female 61
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Farmers wife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Irdieland
7. Place where Found and Examined,	Irdieland
8. Length of time Insane,	3 weeks (out of sorts for some months)
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	61
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	3 weeks
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	not observed
16. Whether Dangerous to others,	not so at present
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Joseph Irving, Husband, Irdieland, Kirkcud bright. A sister died of what is said to be softening of the Brain
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this 20th day of February One thousand eight hundred and 84

(*To be signed by Party applying*) Joseph Irving

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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. S. S. Reid being a (1) Graduate in Medicine & Surgery of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Jordieland Farm in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Catherine Irving and that the said Catherine Irving is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

She is subject to various delusions. among others that her daughters are not sound in mind and dangerously [illegible] and that she herself is in a very serious physical condition. [illegible] is also in a depressed state as regards household matter

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

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

Stated by Miss Mary Irving that her mother is in a very depressed state & imagines that she & her sister are very ill. She makes statements & forgets them and vice versa. She is in a state of great mental confusion.

Name and Medical Designation, Wm. S. S. Reid. M

Place of Abode, Oakley. Kirkcudbright

DATED this 20th day of February One thousand eight hundred and Eighty 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.

I, the undersigned, Walter Lorraine being a (1) Graduate of Edin University and being in actual practice as a (2) General Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Jordieland in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Catharine Irving and that the said Catharine Irving is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

She is labouring under several delusions especially about her daughters - She thinks them insane & requires constant supervision. She is in great distress about this matter

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

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

Her daughter says that she is deluded respecting her home affairs, and distressed herself constantly about matters which have no [illegible]

Name and Medical Designation, Walter Lorraine

Place of Abode Castle Douglas

DATED this 20th day of February One thousand eight hundred and 84

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, Robert Macartney Gordon (1) Esqre Sheriff Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Joseph Irving before designed Certificates under the hands of Wm S. S. Reid and Walter Lorraine, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Catherine Irving and that the said Catherine Irving is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Catherine Irving 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 Catherine Irving which accompanied the said Petition.

DATED this Twentieth day of February One thousand eight hundred and eighty four.

Robert Gordon S.S.

To the Superintendent of the (7) Crichton
Asylum of Dumfries

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

Lunacy Petitions
21 Victoria 1857

(1) Sheriff or Steward
of Stewartry.

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

(3) 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 Ab
7. Place where Found
8. Length of time Lun
9. Whether First Attac
10. Age (if known) on F
11. When and where pre
tion and Treatme
12. Duration of Existing
13. Supposed Cause,
14. Whether subject to
15. Whether Suicidal,
16. Whether Dangerous
17. Parish or Union to w
Pauper, is Chargea
18. Date of becoming Ch
19. Christian Name and
Abode of nearest
Patient, and degr
known), and whe
Family known to
ness,
20. Special circumstance
assertion of any o

I certify, that, to th

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]

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

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

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

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

The Petition of Reuben Place Bott Maker, Talbeattie,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elijah Place

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

your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elijah Place to the ~~To the~~ Southern Counties Asylum and to sanction his admission into the said Asylum.

Reuben Place.

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

DATED this Eleventh (4) day of February One thousand eight hundred and Eighty 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,	Elijah Place
2. Sex and Age,	Male age 28 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Labouring Man in stone quarry
5. Religious Persuasion, so far as known,	Protestant Evangelical. is member of young men's christian association
6. Previous Place of Abode,	Port Street Talbeattie with his Mother.
7. Place where Found and Examined,	Talbeattie
8. Length of time Insane,	4 Months
9. Whether First Attack,	it is the first attack
10. Age (if known) on First Attack,	27 years and 11 Months
11. When and where previously under Examination and Treatment,	for about 3 Months under treatment
12. Duration of Existing Attack,	over four Months
13. Supposed Cause,	having to leave his home to seek work. (America and Australia or sea voyage to
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Harriett Place is the Patient Mother Place of Abode Port street Talbeattie. Not any members of the family ever been Insane besides Elijah Place
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.

D this Tenth day of February One thousand eight hundred and Eighty four

(*To be signed by Party applying*) Reuben Place

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 Mackuchard being a (1) Bachelor of Medicine & Master in Surgery of the University of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Port Strut Dalbeattie in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Elijah Place Port Strut Dalbeattie and that the said Elijah Place is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 and anxious about himself - apprehensive of imaginary dangers

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Has attempted to ~~[illegible]~~ injure others & take away his own life

Name and Medical Designation, Robert Mackuchard

Place of Abode, Dalbeattie

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

I, the undersigned, John Paterson Lewis 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) Port Strut, Dalbeattie in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Elijah Place and that the said Elijah Place is a (5) a person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Unsettled expression of face, says that his mind is queer and cant settle at work, and that he is afraid that it will never be right again,

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His brother tells me that he has not been able to attend to work for about six months, that he seized his Mother by the hair of the head one day, and made a dash at him one day, and he had four times taken steps as if to injure him

Name and Medical Designation, John Paterson Lewis, M.D.

Place of Abode Alma. Dalbeattie

DATED this tenth day of February One thousand eight hundred and Eighty four.

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, William Herries Shortt (1) Honorary Sheriff Substitute,
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Reuben Place
Sett. Maker Dalbeattie,
Certificates under the hands of Robert McTerchar
and John Paterson Lewis, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elijah Place, Port Street, Dalbeattie (Pohr's Mother) and that the said Elijah Place, is a (5) person of unsound mind,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elijah Place 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 Elijah Place, which accompanied the said Petition.

DATED this Eleventh day of February, One thousand eight hundred and eighty four.

C.M.K. E H Shortt

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

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

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

[FORM A]

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

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

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

Unto the Honourable the (1) ~~Sheriff~~ Steward ~~Substitute~~ of ~~Kirkcudbright~~ Stewartry *and his Substitutes,*

The Petition of Margaret Hughan residing at Drumwall humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Murray Hughan your Petitioner's (2) Husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Alexander Murray Hughan to the Crichton Asylum, Dumfries, and to sanction his admission into the said Asylum.

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

Margaret Hughan

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

DATED this Twenty-Second (*) day of February One thousand eight hundred and eighty-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,	Alexander Murray Hughan
2. Sex and Age,	Male, 38.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Drumwall
7. Place where Found and Examined,	Drumwall
8. Length of time Insane,	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,	Two Months
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Hughan Farmer, Cairn, near Gatehouse, Brother No.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this Twenty-Second day of February One thousand eight hundred and eighty-four

(*To be signed by Party applying*) Margaret Hughan

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 Nichol Gow 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) Drumwall New Gatehouse-of-Fleet Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Alexander Murray Hughan and that the said Alexander Murray Hughan is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is under the delusion that his wife is continually giving him poison in his food, also that persons is giving him in Medicines that his body is full of poison. At times he is very excitable and often rambling in his remarks.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife states that he is continually watching her + other members of the family in case they poison him. Shows a decided aversion to his friends. His Brother states that he walked twenty two miles during the night on a rough road barefooted

Name and Medical Designation, James Nichol Gow, L.R.C.S. Ed.

Place of Abode, Gatehouse-of-Fleet

DATED this twenty second day of February One thousand eight hundred and eighty 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.

I, the undersigned, William S. S. Reid being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Darvel Kirkcudbright Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Alexander Murray Hughan and that the said Alex. Murray Hughan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 subject to various delusions among others that his wife is giving him poison and that men are continually walking about the house at night. He is stormy + excited at times.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) By his brother James Hughan told me that he imagined he was being poisoned by his wife, and that he has been subject to various delusions in regard to people being

Name and Medical Designation, Wm. S. Reid M.B. Ch.

Place of Abode Darvel. Kirkcudbright

DATED this 22nd day of February One thousand eight hundred and Eighty four.

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, William Gardiner Maxwell (3) Sheriff Substitute
of the (3) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Margaret Hughan
Certificates under the hands of James Nicol &c
and William L. 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) Alexander Murray Hughan and that the said Alexander Murray Hughan is a (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 Murray Hughan 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 Alexander Murray Hughan which accompanied the said Petition.

DATED this twenty second day of February One thousand eight hundred and eighty four

W. J. Maxwell

To the Superintendent of the (7) Crichton
Asylum of Dumfries.

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

1853

Alexander Murray
Hughan
22. Feb. 84.

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

[FORM A]

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

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

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

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

The Petition of William Livesey, of 13 Bank Parade Preston. humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Newton Livesey ——— your Petitioner's (2) Brother ——— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Newton Livesey ——— to the Crichton Royal Institution, Dumfries and to sanction his admission into the said Asylum.

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

William Livesey

(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 February — One thousand eight hundred and Eighty 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,	Newton Livesey
2. Sex and Age,	Male. 60 years
3. Married, Single, or Widowed,	Widowed
4. Condition of Life, and previous Occupation (if any),	Cheesefactor
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Carlisle
7. Place where Found and Examined,	Crichton Royal Institution
8. Length of time Insane,	One month
9. Whether First Attack,	No
10. Age (if known) on First Attack,	40 years
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	One month
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Livesey 13 Bank Parade Preston. Joseph Livesey - Preston - Brother same address - Father - Several members of family have been decidedly nervous temperament -
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this 25th day of February One thousand eight hundred and Eighty four.

(*To be signed by Party applying*) William Livesey

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Alexander Dall MacDonald being a (1) Graduate of Edinburgh University and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Newton Livesey relief out of business and that the said Newton Livesey is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) says that he is burning with the fires of hell and heaven and that he cannot live over it is very excitable and restless shapless

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Doctor says that he attempted to strangle himself last night and to injure the attendant.

Name and Medical Designation, A D MacDonald

Place of Abode, 18 Castle St Dumfries

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

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal College of Surgeons and Physicians, Edinburgh, and being in actual practice as a (2) General Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Newton Livesey and that the said Newton Livesey is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is restless and excitable, he admits having threatened to commit suicide frequently. He is suspicious of & distrusts those about him.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His doctor informs me that he had threatened suicide, & also attempted to injure his attendant.

Name and Medical Designation, James Hunter Dryden

Place of Abode 18 George Street, Dumfries

DATED this twenty fourth day of February One thousand eight hundred and eighty four years

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, James Rutherford being (1) a Fellow of the Royal College of Physicians hereby certify, on soul and conscience, that I have this day, at (2) the Crichton Royal Institution in the County of Dumfries, seen and personally examined Newton Livesay, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

James Rutherford

DATED this 23rd day of February One thousand eight hundred and Eighty four.

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

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

I, William Herries Sherriff Honorary (1) of the (2) County of Dumfries Sheriff-Substitute having had produced to me, with a Petition at the instance of (3) William Livesey, 13 Bank Street Parade Preston, Certificates under the hands of Alexander Dull MacDonald, and James Hunter Dryden, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Newton Livesey, lately residing in Carlisle (Petro Bowler) and that the said Newton Livesey is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Newton Livesey 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 Newton Livesey, which accompanied the said Petition.

DATED this Twenty fifth day of February One thousand eight hundred and eighty four.

W H Sherriff
H.Y. S.S.

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

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

1854

Newton Livesey.

23 Feb. 1884

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

[FORM A]

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

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

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

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Roxburgh, Berwick and Selkirk and his Substitutes.

The Petition of William Scott, Shoemaker, Hawick, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Scott residing at 6 Sandhill, Hawick your Petitioner's (3) Sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Scott to the Crichton Royal Institution, Dumfries and to sanction her admission into the said Asylum.

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

William L. Scott

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

DATED this twenty second (4) day of February — One thousand eight hundred and Eighty three 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 Scott
2. Sex and Age,	Female — 30 —
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Good — no occupation —
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	6 Sandhill, Hawick, all her life.
7. Place where Found and Examined,	6 Sandhill aforesaid
8. Length of time Insane,	about 2 Months.
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	— 30
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	2 Months
13. Supposed Cause,	Weakness of system
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Jessie Scott, 6 Sandhill, Hawick, her Mother — A Sister at present in Morningside Asylum, Edinburgh. Her father (now deceased) was also for some time insane several times in an Asylum.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this twenty second day of February — One thousand eight hundred and Eighty three.

(*To be signed by Party applying*) William L. Scott

P. 2.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

(5) Lunatic, or 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 Brydon
being a (1) Doctor of medicine and Surgeon
and being in actual practice as a (2) General Medical practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Sea, Sandbed
Hawick
Roxburgh in the County of
separately from any other Medical Practitioner
visited and personally examined (4) Mary Scott
and the
the said Mary 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. :—

1. Facts indicating Insanity observed by myself: (6) She cannot bring
Herself together to reason. is continually pursuing
idea, that she has done something dreadful &
that it cannot be undone: is restless and excited

2. Other facts (if any) indicating Insanity communicated to me by others: (7) H
brother, William Scott corroborates the above
tells of delusions she has.

Name and Medical Designation, James Brydon M.B.

Place of Abode, Sandbed, Hawick

DATED this twenty second day of February One thousand eigh
hundred and Eighty 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, William Brydon
being a (1) Bachelor of medicine Master in Surge
and being in actual practice as a (2) physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) number Six
Sandbed, Hawick in the County o
Roxburgh separately from any other Medical Practitioner
visited and personally examined (4) Mary Scott
and the
the said Mary 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 in manner; continually walk
up & down the room. talks about me
the thing; imagining she has done th
others of the family some great wrong

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Restlessness; picks & scratches he
head incessantly: & is very responde
communicated to me by her brother Wm

Name and Medical Designation, William Brydon. M.B

Place of Abode Sandbed Hawick

DATED this twenty second day of February One thousand eight
hundred and Eighty four.

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, Francis Russell Esquire one
of the (3) Sheriff Substitute of Roxburgh Kelso and Selkirk
having had produced to me, with a Petition at the instance of (4) William Laidlaw
Scott Shoemaker Hawick
Certificates under the hands of James Roydon M.D Hawick
and William Roydon M.B.C.M. Hawick, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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 Scott residing at 6 Sandbed Hawick and that the said
Mary Scott is a (6) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Scott as a Patient into the (7) Crichton Royal ~~Asylum of~~ 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 Mary Scott which accompanied the said Petition.

DATED this twenty third day of February One thousand eight hundred and eighty four

Francis Russell

To the Superintendent of the (7)
~~Asylum of~~
Crichton Royal Institution
Dumfries.

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

1855
Mary Scott.
25 Feb. 1884

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

[FORM A]

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

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

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

Unto the Honourable the (1) Sheriff ~~of the~~ (2) of Dumfries & Galloway and his Substitutes for the Stewartry of Kirkcudbright

The Petition of James Hannay, farmer, residing at Balvaddie, in the parish of Stonykirk and County of Wigtown humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Hannay, residing with the said James Hannay, and presently residing at Saint Cuthbert Street, in the Burgh of Kirkcudbright, in the parish & Stewartry of Kirkcudbright, your Petitioner's (3) daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Hannay to the Crichton Asylum, Dumfries and to sanction her admission into the said Asylum.

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

James Hannay

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

DATED this twenty sixth (4) day of February One thousand eight hundred and eighty 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,	Mary Hannay
2. Sex and Age,	Female 25 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farmers daughter - formerly a Nurse
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Balvaddie parish of Stonykirk & County of Wigtown
7. Place where Found and Examined,	Southbut Street Kirkcudbright
8. Length of time Insane,	
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	none.
12. Duration of Existing Attack,	Two months ago
13. Supposed Cause,	none that is known of.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	no.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Hannay, farmer Balvaddie, parish of Stonykirk and County of Wigtown - Father
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this twenty sixth day of February One thousand eight hundred and eighty four

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

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, Wm Johnston being a (1) M.D. of Edin.

and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) St Cuthbert's Rd Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Mary Hannay and that the said Mary Hannay is a (5) person of unsound mind and a proper Person to be detained 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 at times in a very excited state (screaming & walking about) at other times in a low melancholy state. and that her friends are all set against her

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

Such facts as the above & from the father & friends statements

Name and Medical Designation, } Wm Johnston M.D.

Place of Abode, Kirkcudbright

DATED this twenty sixth day of February One thousand eight hundred and eighty 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, William J. S. Reid. being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) St Cuthbert's Street - Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Mary Hannay and that the said Mary Hannay is a (5) person of unsound mind and a proper person to be detained 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 suspicious of her friends always thinking that they are deceiving her. She is apt to depend at times and at other excited. Cannot change her mind & is totally regardless of any

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

By her husband & Mr Murdoch from whom I have learned that she was often in an excited condition sometimes remained one night out of the house and wandered a good distance & could not come back of herself. She is very changeable By Mr Rogerson from whom I learned that she tried to secrete a knife in her pocket and from any by or other source. It being taken away from her.

Name and Medical Designation, } W. J. S. Reid. M.B. C.M.

Place of Abode Oakley. Kirkcudbright.

DATED this 25th day of February One thousand eight hundred and 84.

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, Robert Macartney Simson (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) James Hannay
Certificates under the hands of William Johnstone
and W. H. Reid, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Mary Hannay and that the said
Mary Hannay is a (5) pauper lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Hannay as a Patient into the (6) 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 Mary Hannay which accompanied the said Petition.

DATED this twenty sixth day of February One thousand eight hundred and eighty four

Rob. Gordon, S.S.

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

2689

Mary Hamm

26th February 1884

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

[FORM A]

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

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

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

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

The Petition of Miles McInnes, Inspector of Poor, Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Farish — your Petitioner's (3) Pauper — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Farish — to the Southern Counties Asylum and to sanction her admission into the said Asylum. Two words delete

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

Miles McInnes

DATED this 29th (4) day of February One thousand eight hundred and Eighty four years.

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Janet Farish
2. Sex and Age,	Female – 36
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	— Seamstress
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Poor house
7. Place where Found and Examined,	Do
8. Length of time Insane,	—
9. Whether First Attack,	No
10. Age (if known) on First Attack,	31
11. When and where previously under Examination and Treatment,	Southern Counties Asylum when she was discharged from on 13th Cent
12. Duration of Existing Attack,	—
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	14th Nov. 1883
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary Irving, Mother, residing in Loreburn Street. Dumfries —
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Nom

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

DATED this 29th day of February One thousand eight hundred and Eighty four years

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

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, William Grassby
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) Dumfries Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Welsh (a pauper) and that the said Janet Welsh is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) talks incoherently & appears that many persons are speaking badly of her. Has cases of clanging on every passage of same. Says the same words of Lunacy as I have always

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The matron states much the same as above and that she gets into paroxysms of complaints upon all and sundry

Name and Medical Designation, W Marshall M.D.

Place of Abode, 27 Buccleuch St Dumfries

DATED this 29th day of Feby One thousand eight hundred and Eighty four years

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MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, William Smith Kerr
being a (1) Graduate of Glasgow University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Poor House Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Welsh, a pauper and that the said Janet Welsh is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

She has a peculiar vacant expression — Talks constantly in a rambling incoherent manner has various delusions chiefly about being persecuted

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

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

The Matron says she is quite mad, & becomes violent and then must be isolated and secluded

Name and Medical Designation, W. S. Kerr M.D.

Place of Abode Dumfries

DATED this 29th day of Feby One thousand eight hundred and Eighty four years.

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Hope, — (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Miles McInnes, Inspector of Poor, Dumfries, Certificates under the hands of William Marshall M D &c. and William Smith Kerr 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) Janet Farish residing at Dumfries (in pauper) and that the said Janet Farish, is a (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 Farish as a Patient into the (6) Public Asylum of Southern Counties Asylum, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Farish, which accompanied the said Petition.

DATED this twenty ninth day of February, One thousand eight hundred and eighty four years.

David Boyle Hope

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

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

Sunil Farish
29th July 1884

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

[FORM A]

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

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

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

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

The Petition of Robert Hume Inspector of Poor

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Bethia Goudie or Hannay your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Bethia Goudie or Hannay to the Southern Counties asylum Dumfries to sanction the admission into the said Asylum.

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

Robert Hume

DATED this third (4) day of March One thousand eight hundred and eighty four

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Bethia Goudie or Hannay
2. Sex and Age,	Female age 64 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	living separate from her Husband for 6 yrs
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Girthon Parish
7. Place where Found and Examined,	Boatgreen Gatehouse
8. Length of time Insane,	Demented for a number of years
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,	Religious mania
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	has threatned drowning occasionally
16. Whether Dangerous to others,	Not dangerous but annoying
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Liability not yet ascertained
18. Date of becoming Chargeable,	Chargeable as a Casual since Aug. 1881
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Husband, James Hannay Farm Servant at Borgstane Parish of Balmaghie dont Know
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Nos. 9. 10. 11. 12 not Known

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

DATED this third day of March One thousand eight hundred and eighty four

(*To be signed by Party applying*)

Robert Hume
Inspector of Poor
Parish of Anwoth

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 Nicholson
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) Boatgreen Gatehouse Kirkcudbright in the County of
separately from any other Medical Practitioner, visited and personally examined (4) Bethia Gordie or Hannah, Pauper,
the said Bethia Gordie or Hannah 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) She wanders about in an aimless fashion, at times very excitable, her remarks rambling and often quite incoherent. She is under various delusions, particularly of a religious nature. Believes she is inspired from Heaven &c.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
She has on several occasions gone to Cardoness, and on Sir William Maxwell & his Servants by insisting upon taking up her abode in one of his upper rooms, being under the delusion that Cardoness is Mount Zion

Name and Medical Designation, Nichol Log, L.R.C.S.Ed.

Place of Abode, Gatehouse-of-Fleet

DATED this third day of March One thousand eight hundred and Eighty-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.

I, the undersigned, William S.S. Reid
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Oakley Kirkcudbright in the County of
separately from any other Medical Practitioner, visited and personally examined (4) Bertha Gordie or Hannah
Pauper
the said Bertha Gordie or Hannah 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)
She has various delusions in connection with her relationship to God - Believes that Cardoness House belongs to her and says she is sent to take possession of it by God

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
By James McGill Policeman I was told that she has gone to Cardoness several times to take possession & she had to be put out.

Name and Medical Designation, W.S.S. Reid M.B. Ch

Place of Abode Oakley Kirkcudbright

DATED this 3rd day of March One thousand eight hundred and Eighty four.

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, Alexander Dunbar Esquire (1) Sheriff Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Robert Hume

Certificates under the hands of James Nichol Cox and W. S. S. Reid, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Bethia Gordie or Hannah, a Pauper and that the said Bethia Gordie or Hannah is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Bethia Gordie or Hannah 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 Bethia Gordie or Hannah which accompanied the said Petition.

DATED this third day of March One thousand eight hundred and eighty four years

Alex Dunbar

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

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

Bethia Gordie or
Hanny
3rd March 1884

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

[FORM A]

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

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

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

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

The Petition of Rowland Reed, Inspector of Poor, Parish of Canonbie, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Murray ——— your Petitioner's (3) Pauper ——— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said George Murray ——— to the Southern Counties Asylum, Dumfries and to sanction his admission into the said Asylum.

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

Rowland Reed

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

DATED this Fifth (4) day of March One thousand eight hundred and eighty 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,	George Murray
2. Sex and Age,	Male – 82 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Oxnam
7. Place where Found and Examined,	Combination Poorhouse, Hawick
8. Length of time Insane,	a day or two
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 day or two
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,	Canonbie
18. Date of becoming Chargeable,	25 January 1867
19. Christian Name 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 – Jane Oliver or Murray, thought to be at Denholm, Par. of Cavers
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this fifth day of March One thousand eight hundred and

(*To be signed by Party applying*) Rowland Reed

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Donald Mcleod —
being a (1) Surgeon —
and being in actual practice as a (2) Surgeon in Hawick
hereby certify, on soul and conscience, that I have this day, at (3) Hawick Poorhouse — in the County of Roxburgh — separately from any other Medical Practitioner, visited and personally examined (4) George Murray Pauper and that the said George Murray — is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is in coherent and violent

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Governor informs me that he is suicidal & noisy

Name and Medical Designation, } Donald Mcleod

Place of Abode, Hawick

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

I, the undersigned, A Paterson —
being a (1) Physician —
and being in actual practice as a (2) Physician in Hawick
hereby certify, on soul and conscience, that I have this day, at (3) The Poorhouse Hawick — in the County of Roxburgh — separately from any other Medical Practitioner, visited and personally examined (4) George Murray Pauper and that the said George Murray — is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is utterly incoherent in talk: and is restless noisy and troublesome

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Governor tells me he is violent, suicidal, and noisy

Name and Medical Designation, } A Paterson L.R.C.P.Ed.

Place of Abode Hawick

DATED this fifth day of March One thousand eight hundred and 84

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Donald McLeod
being (1) a Surgeon in Hawick
hereby certify, on soul and conscience, that I have this day, at (2) Hawick Poorhouse
in the County of Roxburgh, seen and personally examined
George Murray, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Donald McLeod

DATED this fifth day of March, One thousand eight hundred and eighty four

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

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

I, David Boyle Hope, (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Rowland Reed, Inspector of Poor Cannobie
Certificates under the hands of Donald McLeod
and A. Paterson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Murray, Combination Poor House, Hawick, (a proper) and that the said George Murray is a (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 Murray 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 Murray, which accompanied the said Petition.

DATED this Fifth day of March, One thousand eight hundred and eighty four.

David Boyle Hope

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

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

George Murray
5th March 1874

(*) Sheriff or Steward,
(*) Sheriff or Stewartry.

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

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

1. Christian Name
length, .
2. Sex and Age,
3. Married, Single,
4. Condition of Lif
(if any), .
5. Religious Persua
6. Previous Place o
7. Place where Fou
8. Length of time I
9. Whether First A
10. Age (if known) o
11. When and where
tion and Trea
12. Duration of Exi
13. Supposed Cause,
14. Whether subject
15. Whether Suicida
16. Whether Danger
17. Parish or Union
(Pauper) is Ch
18. Date of becoming
19. Christian Name
Abode of nea
Patient, and
known), and
Family know
sane, .
20. Special circumsta
insertion of a

I certify, that,

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]

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

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

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

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

The Petition of Alex McGeachan Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary ann Walker Poor Person or Pauper your Petitioner's (3) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary ann Walker to the Southern Counties asylum and to sanction Her admission into the said Asylum.

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

Alex McGeachan Inspector of Poor

DATED this Eighth (4) day of March One thousand eight hundred and 84

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Mary ann Walker
2. Sex and Age,	Female 36 Years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Single Mone
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Queen St Lochmaben
7. Place where Found and Examined,	Queen St Lochmaben
8. Length of time Insane,	4 Days
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	32 Years has been twice in
11. When and where previously under Examination and Treatment,	Southern Counties asylum asylum
12. Duration of Existing Attack,	4 Days
13. Supposed Cause,	Unknown take Fit
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Lochmaben
18. Date of becoming Chargeable,	8th March 1884
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Elizabeth Walker Mother Queen St Lochmaben None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

DATED this Eighth day of March One thousand eight hundred and 84

(*To be signed by Party applying*) Alex McGeachan

Inspector of Poor

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Thomas Reid
being a (1) Graduate in Medicine of Glasgow University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 64 Queen Street Lochmaben in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Ann Walker, Pauper 64 Queen St. Lochmaben and that the said Mary Ann 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6), She is talking incessantly in a wild incoherent manner, says that she is all bruises and injured which is a delusion. Is conducting herself in a riotous way, and making certain [illegible]

(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 could scarcely be restrained during the night, was using violence towards third [illegible] her. Has broken the window, sleeps none during the night and full of delusions

Name and Medical Designation, Thos Reid M.D.

Place of Abode, Lochmaben

DATED this eighth day of March One thousand eight hundred and eighty-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.

I, the undersigned John T. R. Wotherspoon
being a (1) Regist. Lic. Roy. Coll. Physicians & Surgeons, Edinr.
and being in actual practice as a (2) General Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 64 Queen St. Lochmaben in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Ann Walker, Pauper and that the said Mary Ann Walker 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 unnecessarily talk & so incoherently & imaginative with delusions of having been kicked, tied with ropes & generally abused, all of which untrue: She is very noisy, restless & violently excited

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) From Margt. Walker, that she has violently resisted all affo[illegible] to induce her to take food for the last several days - Threatened drown herself in the Loch, but made no real attempt. Great Sleeplessness & other numerous delusions

Name and Medical Designation, John T. R. Wotherspoon Regist. Lic. Coll. Phys. & Surg. Edinr.

Place of Abode The Green, Lockerbie

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Norman Reid being (1) a Graduate in Medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) 64 Queen St Dalbeattie in the County of Dumfries, seen and personally examined Mary Ann Walker Pauper 64 Queen St Dalbeattie, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Norman Reid M.D.

DATED this eighth day of March One thousand eight hundred and eighty four

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

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

I, David Boyle Stoke, (1) Sheriff-Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Alexander McGeachan Inspector of Poor Dalbeattie, Certificates under the hands of Norman Reid and John T. R. Williamson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Ann Walker Pauper Dalbeattie (a Pauper) and that the said Mary Ann Walker, is a (5) person of unsound mind, a Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Ann Walker, as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Ann Walker, which accompanied the said Petition.

DATED this Fourth day of March One thousand eight hundred and eighty four years.

David Boyle Stoke

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

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

2693
Maryann Walker
8th March 1884

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

[FORM A]

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

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

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

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

The Petition of James Gibson, Inspector of Poor, Berwick humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Monaghan, Bedesman your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Monaghan to the Southern Counties Asylum, Dumfries and to sanction his admission into the said Asylum.

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

James Gibson

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

DATED this Seventh (4) day of March One thousand eight hundred and Eighty-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 Monaghan
2. Sex and Age,	Male, 34 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Dairyman
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Milton, Parish of Kirkmichael
7. Place where Found and Examined,	Bedesman
8. Length of time Insane,	Six months
9. Whether First Attack,	First
10. Age (if known) on First Attack,	34 years
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	Six Months
13. Supposed Cause,	Got worse of drink on 24th September 1883. and has not been well since
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,	Kirkmaiden
18. Date of becoming Chargeable,	26th February 1884
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Thomas Monaghan. Father 2nd Row, Newton-Stewart None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

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

DATED this Seventh day of March One thousand eight hundred and Eighty four

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

P P

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Wm Johnstone,
being a (1) M. D. of the Edin. University.

and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Holehouse
Rynd 2
Kirkcudbright in the County of
separately from any other Medical Practitioner
visited and personally examined (4) John Monaghan - Holehouse
Pauper
the said John Monaghan 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. :—

1. Facts indicating Insanity observed by myself: (6) he suspects
his friends are doing him an injury, that
his Wife and daughter are poisoning him
and that he remains timely suffering from
numerous diseases. &c. &c.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
his Wife states that he turns her & his da
out of the house using threatening lang

Name and Medical Designation, Wm Johnstone M.
Place of Abode, Kirkcudbright

DATED this fifth day of March One thousand eight
hundred and eighty four.

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

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

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

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

(5) Lunatic, or 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 Macdonald M.B.C.M of Edinburgh University
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) Holehouse
Renigh
Kirkcudbright in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) John Monaghan Holehou
Pauper
the said John Monaghan 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. :—

1. Facts indicating Insanity observed by myself: (6) He thinks that
his relatives are giving him poison: he will not
take the medicines ordered for him because he
fancies it is poisoned & that some of the medicines
taken are perches, one of his stomach yet is
causing the diseases

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His wife says that he complains of people
trying to poison him

Name and Medical Designation, John Macdonald M.B.
Place of Abode Castle-Douglas

DATED this seventh day of March One thousand eight
hundred and eighty-four

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

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

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

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

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

(6) *State the facts.*

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

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Hope Virgin — (1) Sheriff Substitute — of the (2) County of Dumfries — having had produced to me, with a Petition at the instance of (3) James Gibson Inspector of Poor Penrith — Certificates under the hands of William Johnstone — and John Macdonald —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Monaghan Holehouse Penrith a pauper — and that the said John Monaghan — is a (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 Monaghan — 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 Monaghan — which accompanied the said Petition.

DATED this Eighth — day of March — One thousand eight hundred and eighty four years

David Boyle Hope

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

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

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

[FORM A]

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

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

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

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

The Petition of Miles McInnes, Inspector of Poor, Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Irving your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Irving to the Southern Counties Asylum and to sanction her admission into the said Asylum. Two words delete

Miles McInnes

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

DATED this 15th (4) day of March One thousand eight hundred and Eighty Four years.

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Agnes Irving
2. Sex and Age,	Female – 71 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Outworker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Stoop
7. Place where Found and Examined,	Cannot tell
8. Length of time Insane,	No Second
9. Whether First Attack,	68 years
10. Age (if known) on First Attack,	was in S.C. Asylum in 1881
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	Not known
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	yes
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	Dumfries
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	13th March 1884
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Janet Kennedy or Farish, Cousin, residing at Stoop. nom
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	nom

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

DATED this 14th day of March One thousand eight hundred and Eighty Four years

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

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, William Dalrymple
being a (1) Graduate of the Faculty of Physicians & 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) 4 Church
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Agnes Irving (a Pauper)
and that
the said Agnes Irving is a (5) Lunatic
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently
Wanders about at night & has delusions that
mutilating voices are at times to be heard
for their good &c &c

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The person with whom she lodges states that
she wanders about at night and
sometimes becomes quite boisterous

Name and Medical Designation, } W Macdonald M D &c

Place of Abode, 21 Buccleuch St Dumfries

DATED this 14th day of March One thousand eight hundred and eighty four years

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MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Richard B Lorraine
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Southern County
Asylum.
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Agnes Irving (Pauper)
and that
the said Agnes Irving (Pauper) is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Cannot tell me
where she came from or when she was
born — does not know whether she has any
sisters or brothers does not answer question con-
cerning her age, her birth from moment at night during
2. Other Facts (if any) indicating Insanity communicated to me by others: (7) it was quite shining light other times quite dark

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

Name and Medical Designation, } Richard B Lorraine M B C M

Place of Abode 2 Irving Street Dumfries

DATED this fifteenth day of March One thousand eight hundred and eighty four

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, William Marshall and College of Sthandrews being (1) a Graduate of the Faculty of Physicians & Surgeons Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Stoops in the County of Dumfries, seen and personally examined Agnes Irving, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

W Marshall M. D. &c

DATED this 14 day of March One thousand eight hundred and eighty four years

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

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

I, William Herries Shortt (1) Honorary Sheriff-Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Miles McInnes, Inspector of Poor Dumfries Certificates under the hands of William Marshall and Richard B. Lorraine, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Irving, Stoop, Dumfries, (a Pauper) and that the said Agnes Irving is a (5) Lunatic, a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Irving as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Irving, which accompanied the said Petition.

DATED this Fifteenth day of March One thousand eight hundred and eighty four.

W H Shortt
H. S. S.

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

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

7743

[FORM B²]

GENERAL BOARD OF LUNACY 16 MAR 84 SCOTLAND

GREENOCK PAROCHIAL BOARD RECEIVED 6-MAR.84 36 NICOLSON STREET.

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

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

I, the undersigned James Kally Inspector of Poor of the Parish of Inch being desirous to transfer Thomas McMaster McWilliam at present a Patient in Greenock parochial Asylum at Smithston, and (¹) a pauper Lunatic of the Parish of which I am Inspector of Poor — from the said Asylum to the Southern Counties Asylum Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Thomas McMaster McWilliam and a Medical Certificate with respect to his mental and bodily condition.

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

James Kally

(²) Insp. of Poor, Parish of Inch

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

DATED at Tramner this 4th day of March One thousand eight hundred and eighty four.

STATEMENT.

1. Christian Name and Surname of Patient at length,	Thos McMaster McWilliam
2. Sex and Age,	male - 23
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Baker
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	2 January 1884
7. Length of time Insane,	since do
8. Whether first Attack,	Yes
9. Age (if known) on first Attack,	—
10. Duration of existing Attack,	since 2 January 1884
11. Supposed Cause,	Drink
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	Yes
14. Whether Dangerous to others,	Yes
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Inch
16 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Hugh McWilliam Blacksmith 2 Garvel St Greenock

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

(*To be signed by the Applicant*) James Kally

DATED this 4th day of March One thousand eight hundred and eighty four

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

Signed Twenty 14th March 1884

MEDICAL CERTIFICATE.

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

I, the undersigned James Wallace being (1) a Grad. in Med. of the Univ. of Ed. hereby certify that I have this day at (2) Smithstone Asylum personally examined Thomas McMaster McWilliam at present a Patient in said Asylum, and with respect to his Mental State that he is delusive, destructive & without self-control

; and with respect to his Bodily Health and Condition that he is well

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

James Wallace, M.D.

Dated this seventh day of March One thousand eight hundred and eighty-four.

SANCTION BY THE BOARD OF LUNACY.

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

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

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) the Inspector of Poor, parish of Inch to authorize the transfer of Thomas McMaster McWilliam from Greenock Parochial Asylum to Southern Counties Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Thomas McMaster McWilliam as requested.

John Sibbald Commissioner.

Dated at Edinburgh, this 10th day of March One thousand eight hundred and 84.

Thomas McMaster McWilliam 15th March 1884

Date of original Certificate 2nd Jany. 1884.

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

[FORM A]

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

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

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

Unto the Honourable the (1) Sheriff of the (2) county of Ayr and his Substitutes,—

The Petition of Matthew George Easton, D.D. Dairsie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Catherine Hill or Easton your Petitioner's (3) Daughter-in-law is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Catherine Hill or Easton to the Crichton Royal Institution, and to sanction her admission into the said Asylum.

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

M. G. Easton

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

DATED this eighteenth (4) day of March One thousand eight hundred and eighty 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,	Catherine Hill or Easton
2. Sex and Age,	Female aged 40 years.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	
5. Religious Persuasion, so far as known,	Free church of Scotland
6. Previous Place of Abode,	Christchurch New Zealand
7. Place where Found and Examined,	Free Church Manse, Dairsie, Ayrshire
8. Length of time Insane,	6 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,	6 months
13. Supposed Cause,	Family affliction & Pregnancy
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Not now. Threatens suicide at beginning
16. Whether Dangerous to others,	Not obviously
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Nothing known about her relations No near relative alive
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this eighteenth day of March One thousand eight hundred and eighty four.

(*To be signed by Party applying*) M. G. Easton

P. D.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, William Frew being a (1) Bachelor of Medicine and Master of Surgery 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 Free Church Manse, Darvel Ayr in the County of separately from any other Medical Practitioner, visited and personally examined (4) Catherine Hill or Easton of Christchurch New Zealand, presently residing at Free Church Manse Darvel and that the said Catherine Hill or Easton is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) very reticent in manner, unwilling & unable to engage in conversation, almost complete loss of memory. She can answer shortly, but if she attempts to give a lengthy answer, she becomes incoherent. whole manner listless & unnatural.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs. M. G. Easton (her mother-in-law) informs me that she exhibits very unnatural feelings towards herself & her family. She was anxious when she left New Zealand to come to them. Entertains suspicions that her friends wish to poison her, has attempted to [illegible] personal injury. Takes food only under compulsion.

Name and Medical Designation, William Frew. M.B.C.M.

Place of Abode, Galston, Ayrshire

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

(6) *State the facts.*

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

I, the undersigned, Robert Lyon being a (1) Bachelor of Medicine & Master in Surgery 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) Free Church Manse Darvel Ayr in the County of separately from any other Medical Practitioner, visited and personally examined (4) Mrs Lockhart Dobbie Easton of Christ Church New Zealand (at present residing at Church Manse) and that the said Mrs Lockhart Dobbie Easton is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Lies in bed - very listless in her manner staring into vacancy - will not answer when asked a rational question, except when asked about her baby of which she was confined 5 weeks ago, she says it is not hers.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Rev. M. G. Easton (her father in law) states, on asking her for her health, she answered, "Have you come to kill me," also that she does not recognise him, altho she knew him well for

Name and Medical Designation, Robert Lyon M.B. C.M.

Place of Abode Darvel, Ayrshire

DATED this Eighteenth day of March One thousand eight hundred and eighty four.

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Hill Sheriff Substitute
of the (2) County of Ayr
having had produced to me, with a Petition at the instance of (3) Matthew George Easton D.D. David
Certificates under the hands of Williams Frew
and Robert Lyon , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Lockhart Dobbie Easton 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 Mrs Lockhart Dobbie Easton as a Patient into the (6) public Asylum of Crichton 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 Lockhart Dobbie Easton which accompanied the said Petition.

DATED this eighteenth day of March One thousand eight hundred and eighty four

David Hill

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

1886.

Catherine Hill or Easton.

18th March - 1884.

— " —

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

[Form A]

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

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

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

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

The Petition of James Dall Inspector of Poor Stranraer

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Kirkwood a pauper ~~your Petitioner's~~ (3)

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

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Alexander Kirkwood to the Southern Counties Asylum Dumfries and to sanction the admission into the said Asylum.

James Dall

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

Dated this twentieth (4) day of March One thousand eight hundred and eighty 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,	Alexander Kirkwood
2. Sex and Age,	male - 59
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,	Genoch Square Glenluce
7. Place where Found and Examined,	Police Station Stranraer
8. Length of time Insane,	Not Known
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	59
11. When and where previously under Examination and Treatment,	Never before
12. Duration of Existing Attack,	Not Known
13. Supposed Cause,	Do
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Stranraer
18. Date of becoming Chargeable,	20 march 1884
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Wife Mrs Kirkwood Genoch Square 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.

Dated this twentieth day of March One thousand eight hundred and eighty four.

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

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Hugh Cochrane being a (1) Licentiate of the Royal College of Physicians and a Licentiate of the Faculty of Physicians & Surgeons Glasgow and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Police Station Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Alexander Kirkwood a pauper and that the said Alexander Kirkwood is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Found him in half dressed state and in an excited condition. He said that before leaving home he had a severe slight with some men but that he could have managed them if he had had them at 1000 yards as he could shot them down like crows. Talks incoherently about different subjects.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Superintendent McNeil informs me that last night he entered a private house in Lewis St. ran upstairs and refused to come out. He told him that he had a severe fight at the point of the bayonet. His wife states that he has been in an excited state for some time rambling and talking nonsense.

Name and Medical Designation, } Hugh Cochrane LRCP Ed. L.

Place of Abode, Stranraer

DATED this 20th day of March One thousand eight hundred and Eighty 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.

I, the undersigned, John R Dobie & Mark being a (1) Bachelor of Medicine & Master in Surgery of the University of Edinburgh and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Police Station Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Alexander Kirkwood a pauper and that the said Alexander Kirkwood is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He talks in an excited manner about being able to shoot people with a muzzle-loader at a mile distance and imagines that he is going off to Egypt on an old horse to kill the black

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He rushed into a private house in Stranraer refused to come out. When he did come out, he said so that he only escaped at the point of the bayonet and if he had had his gun, he could shot them at 1000 yards distance.

Name and Medical Designation, } John R Dobie MB

Place of Abode Stranraer

DATED this 20th day of March One thousand eight hundred and Eighty four.

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, William Gardiner Maxwell (1) Esqre Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James Dalby
Inspector of Poor Stranraer
Certificates under the hands of Hugh Cochrane Surgeon Stranraer
and John R Dobie 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)
Alexander Kirkwood a pauper and that the said
Alexander Kirkwood is a (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 Kirkwood 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 Alexander Kirkwood which accompanied the said Petition.

DATED this Twentieth day of March One thousand eight hundred and Eighty four

W J Maxwell

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

---

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

Mark Newwood
20 March 1874

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

[FORM A]

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

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

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

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

The Petition of A McGeachan, Inspector of Poor, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William James Frazer Thomson Lochmaben, your Petitioner's (3) Lower Person or 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 Henderson Thomson~~ William James Frazer Thomson to the Northern C Asylum and to sanction His admission into the said Asylum.

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

A McGeachan Inspector of Poor Lochmaben

DATED this 35th (4) day of March One thousand eight hundred and 84

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	William James Frazer Thomson
2. Sex and Age,	Male 34 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Gunmaker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Hightae Lochmaben
7. Place where Found and Examined,	Hightae Lochmaben
8. Length of time Insane,	Three Weeks
9. Whether First Attack,	Second attack
10. Age (if known) on First Attack,	35 years
11. When and where previously under Examination and Treatment,	Morningside asylum Edinburgh
12. Duration of Existing Attack,	Three Weeks
13. Supposed Cause,	Disease of the Brain
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,	Lochmaben
18. Date of becoming Chargeable,	35th March 1884
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Henderson Thomson Minister Free Church Hightae Lochmaben
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

DATED this 35th day of March One thousand eight hundred and 84

(*To be signed by Party applying*) A McGeachan Inspector of Poor Lochmaben

P. p.

Mark Pentwood
20 March 1884

MEDICAL CERTIFICATE, No. I.

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

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

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

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

(5) Lunatic, or 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, Norman Reid
being a (1) Graduate in Medicine of Glasgow University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) J.C. Maine, Hospital
Lochmaben in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) William James Fraser Thomson,
Hospital J.C. Maine Hospital and that
the said William James Fraser 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) He is void of all respect... Has a blank Eye & throws a his hands of which he is quite unconscious, when spo... does not answer any questions but Lobs with a meant stare, and keeps repeating... unintelligible as "yes yes" Wrestling and throwing out his clothes in a... for vomiting and did so without any rational meaning or object

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His brother says he is very restless at night. Often getting out of his bed... getting free to his clothes and does not know what he is doing. He also... his mother is infirm with and requires constant care and watching

Name and Medical Designation, Norman Reid M.D.

Place of Abode, Lochmaben

DATED this 24th day of March One thousand eight hundred and eighty-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 J. K. Cotherstone
being a (1) Licentiate of Roy. Coll. Phys. & Surg. Edin.
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Dr. Reid's
Lochmaben in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) William James Fraser Thomson
and that
the said Wm. Jas. Fraser Thomson is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Idiotic & incoherent state... complete want of understanding when spoken to. Pays... muttering to himself. Has, has evident symptoms of... Infirmity of Brain

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Brother Rev. M. Thomson, states general temperament... refuses to go to bed at night, occasional fits by evidence of himself

Name and Medical Designation, John J. K. Cotherstone

Place of Abode The Green, Lochmaben

DATED this Twenty 4th day of March One thousand eight hundred and Eighty four

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, William Murray Scott (1) Summary Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Alexander M'Gachan, Inspector of Poor Lochmaben Certificates under the hands of Thomas Reid and John J. R. Rotherham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 James Fraser Thomson, Infirmat (a Pauper), and that the said William James Fraser Thomson is a (5) person of unsound mind, a Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William James Fraser Thomson as a Patient into the (6) Public — Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William James Fraser Thomson, — which accompanied the said Petition.

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

W H Smith

To the Superintendent of the (7) Public Hy. S. S
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 m'nd.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

William James
Thomas Stewart
Sir Patrick Hall

(†) Sheriff or Steward.
(‡) Bailie or Stewartry.

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

(†) 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,
4. Condition of Life,
(if any), .
5. Religious Persuasion
6. Previous Place of A
7. Place where Found
8. Length of time Ins
9. Whether First Att
10. Age (if known) on
11. When and where p
fica and Treatm
12. Duration of Existin
13. Supposed Cause,
14. Whether subject to
15. Whether Suicidal,
16. Whether Dangerous
17. Parish or Union to
Pauper] is Charg
18. Date of becoming C
19. Christian Name and
Abode of nearest
Patient, and de
known), and wh
Family known t
sane, .
20. Special circumstance
insertion of any

I certify, that, to

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]

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

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

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

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

The Petition of Robert Hugh Bradford, Inspector of Poor of the Parish of Annan and residing in Annan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jessie McHarg residing at Shenehan Street Annan your Petitioner's Petitioner's (3) who has become chargeable as a Lunatic in the Parish is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jessie McHarg to the Joint Counties Asylum Dumfries and to sanction her admission into the said Asylum.

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

R H Bradford

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

DATED this 24th (4) day of March One thousand eight hundred and Eighty 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,	Jessie McHarg.
2. Sex and Age,	Female. 40 Years.
3. Married, Single, or Widowed,	
4. Condition of Life, and previous Occupation (if any),	Single - Helped mother in management of House
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Has resided in Petitioners Parish for 1½ years.
7. Place where Found and Examined,	Shenehan Street Annan (Parish of Annan)
8. Length of time Insane,	About three weeks.
9. Whether First Attack,	✓
10. Age (if known) on First Attack,	✓
11. When and where previously under Examination and Treatment,	✓
12. Duration of Existing Attack,	three weeks.
13. Supposed Cause,	✓
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	✓
16. Whether Dangerous to others,	yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Annan is the parish of her settlement
18. Date of becoming Chargeable,	24 March 1884.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary McHarg & Margaret McHarg both sisters & residing as above. Mother many years ago at present living with Son in Newfield is showing symptoms of insanity.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	✓

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

DATED this 24th day of March One thousand eight hundred and Eighty four

(*To be signed by Party applying*) R H Bradford

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 Easton being a (1) Doctor of medicine & 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) Sheuchan Street Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Jessie McHarg and that the said Jessie McHarg is a (5) Pauper of Unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has a wild expression her eyes constantly roll about. At one time she frowns at another laughs immediately. Is obscene and incoherent in her language. Constantly muttering in an excited & incoherent manner. Thinks she money and calls for a neighbour to make her will. Is easily excited and [illegible] at her sisters when near her and attempts to strike them. &c &c.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mary McHarg her sister says, that Jessie talks in a rambling nonsensical way night & day. Sleeps none. Sweeps [illegible] laughs often at [illegible] is often excited & violent & sizes any thing she can say hold of to strike them. [illegible] disposition is changed. is vicious towards her sisters. Sa that she wants [illegible] will make. Cries for food but wont take it when it is given her. Maggie McHarg her other sister corroborates above.

Name and Medical Designation, David Easton M.D. L.R.C.

Place of Abode, Stranraer

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

I, the undersigned, Hugh Cochrane being a (1) Licentiate of the Royal College of Physicians Edinburgh and a Licentiate of the Faculty of Physicians & Surgeons Gl[illegible] and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) Sheuchan St. Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Jessie McHarg. a Pauper. and that the said Jessie McHarg is a (5) person of unsound mind. and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She states she is going to get married when she receives her money which amounts to £30. Talks incessantly and at times bursts into fits of cursing. Told me I was to receive £30 a year to attend her and almost immediately afterwards states that she is only worth £5 [illegible]

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her sister Mary McHarg states that she has not been in bed for the last 24 hours and that she rambles and talks nonsense the whole day long. She repeats everything that is said in the house. Has taken things in her pavement moments and thrown them at her sister. Tells her very frequently that she is going to [illegible] when she gets her money.

Name and Medical Designation, Hugh Cochrane L.R.C.P. &c.

Place of Abode Stranraer

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

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, William Jardine Maxwell Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Robert Hugh Bradford Inspector of Poor of the Parish of Leswalt
Certificates under the hands of David Easton Doctor of Medicine
and Hugh Corrance Surgeon both in Stranraer, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Jessie McHarg residing in Stranraer Wigtownshire and that the said
Jessie McHarg is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jessie McHarg as a Patient into the (6) Public Asylum of Southern Counties, Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jessie McHarg which accompanied the said Petition.

DATED this Twenty Second day of March One thousand eight hundred and eighty four Years

W. J. Maxwell

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

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

Petition
by
R H Bradford
for
Warrant to Commit
Jessie McHarg to Dumfries
Asylum

1884

Jessie McHarg
29th March 1884

7763

[Form B²]

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

GENERAL BOARD OF LUNACY SCOTLAND 29 MAR 84

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

I, the undersigned Eliza Willison, 3 Montgomery Terrace, Ayr.
being desirous to transfer Alexander Stewart Willison
at present a Patient in the Royal Edinburgh Asylum, and (¹) detained at my instance
from the said Asylum to the Crichton Royal Institution, Dumfries,
hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Alexander Stewart Willison and a Medical Certificate with respect to his mental and bodily condition.

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

(²) Eliza Willison Mother

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

Dated at Ayr this 28th day of March
One thousand eight hundred and Eighty-four

STATEMENT.

1. Christian Name and Surname of Patient at length,	Alexander Stewart Willison
2. Sex and Age,	Male 37
3. Married, Single, or Widowed,	married
4. Condition of Life, and Previous Occupation (if any),	Clergyman of Established Church of Scotland
5. Religious Persuasion, so far as known,	Church of Scotland
6. Date of Admission into Asylum,	6th March 1882
7. Length of time Insane,	Two years
8. Whether first Attack,	First attack
9. Age (if known) on first Attack,	33
10. Duration of existing Attack,	Two years
11. Supposed Cause,	Unknown
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	No
14. Whether Dangerous to others,	No
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of his Family known to be, or to have been Insane,	Eliza Willison, 3 Montgomery Terrace Ayr. (Mother) Brothers insane

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

(*To be signed by the Applicant*) Eliza Willison

Dated this 28th day of March One thousand eight hundred and Eighty-four

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

7763

MEDICAL CERTIFICATE

I, the undersigned Thomas Smith Clouston being (1) a Fellow of the Coll. of Physicians Edinr. hereby certify that I have this day at (2) the Royal Edin. Asylum personally examined Alexander Stewart Willison at present a Patient in said Asylum, and with respect to his Mental State that he exhibits an insane lack of self control, he expresses the insane delusion that his mother is an adulteress he exhibits an insane & [illegible] state of mind as to his position, wisdom & knowledge, saying that he is always right & [illegible] always wrong in the face of plain; and with respect to his Bodily Health and Condition that [illegible] they are good his language.

(1) State Medical Qualification.

(2) Name Asylum.

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

T. S. Clouston M.D. F.R.C.

Dated this 28th day of March One thousand eight hundred and 84.

SANCTION BY THE BOARD OF LUNACY.

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

Application having been made to the Board by (1) Eliza Willison to authorize the transfer of Alexander Stewart Willison from Edinburgh Royal Asylum to Dumfries Royal Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Alexander S. Willison as requested.

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

(2) Valid for fourteen days from date.

John Sibbald Commissioner.

Dated at Edinburgh, this 29th day of March, One thousand eight hundred and eighty four.

Date of Sheriff's Order. 25th Sept, 1880

1857. Alexander Stewart Willison 31st March 1884

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

[FORM A]

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

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

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

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

The Petition of John Lawson Inspector of Poor of Annan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Monies or Scott your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Monies or Scott to the Southern Counties Asylum and to sanction her admission into the said Asylum.

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

John Lawson Inspector of Poor of Annan

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

DATED this 14th (4) day of April One thousand eight hundred and eighty 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,	Elizabeth Monies or Scott
2. Sex and Age,	Female — 42 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Fishwoman's wife, formerly Millworker
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Port Street Annan
7. Place where Found and Examined,	Fishcross Annan
8. Length of time Insane,	For 14 years — at intervals
9. Whether First Attack,	no
10. Age (if known) on First Attack,	no
11. When and where previously under Examination and Treatment,	So Co Asylum
12. Duration of Existing Attack,	a few days
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Annan
18. Date of becoming Chargeable,	4th July 1870
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Geo. Scott Fishcross Annan Husband not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

DATED this 14th day of April One thousand eight hundred and eighty four

(To be signed by Party applying) John Lawson
Insp. of Poor of Annan

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Daniel Mackenzie
being a (1) Bachelor of Medicine & Master in Surgery of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Fish Cross, Annan, Dumfries
separately from any other Medical Practitioner, in the County of
visited and personally examined (4) Elizabeth Morris Scott.
and that
the said Elizabeth Morris 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) Incoherence of ideas, false views of persons & the ordinary circumstances of life. previous confinement in an asylum.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Sleeplessness, — attempts to do injury to others.

Name and Medical Designation, D. Mackenzie M.B. & C.M.

Place of Abode, Church Place, Annan

DATED this First day of April One thousand eight hundred and eighty 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, Thos Williamson
being a (1) Licentiate of the R C of Surgeons Edinburgh
and being in actual practice as a (2) general medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Fish Cross Annan Dumfries
separately from any other Medical Practitioner, in the County of
visited and personally examined (4) Elizabeth Morris or Scott
and that
the said Elizabeth Morris or Scott is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has been sleepless for 5 days her appearance and is very incoherent in speech.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
her husband says she is sometimes very furious and threatens him with the poker or other instrument she can reach

Name and Medical Designation, Thomas Williamson

Place of Abode Church Place

DATED this June day of April One thousand eight hundred and ~~eighty four~~ eighty four

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Daniel Mackenzie being (1) Bachelor of Medicine & Master in Surgery of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Sick Poor, Annan in the County of Dumfries, seen and personally examined Elizabeth Morris or Scott, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Daniel Mackenzie M.B. & C.M.

DATED this First day of April One thousand eight hundred and eighty-four.

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

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

I, Norman Macpherson, (1) Sheriff of Dumfries & Galloway of the (2) ~~_____~~ having had produced to me, with a Petition at the instance of (3) John Lawson Inspector of Poor, Annan Certificates under the hands of Daniel Mackenzie and Thomas Williamson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Morris or Scott Sick Poor Annan a Pauper, and that the said Elizabeth Morris or Scott is a (5) Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Morris or Scott as a Patient into the (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 Morris or Scott, which accompanied the said Petition.

DATED this First day of April One thousand eight hundred and eighty four.

Norman Macpherson

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

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

Discharged Recovered 1st April 1884

(1) Sheriff or Stewarty.
(2) Sheriff or Stewartry.

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

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

1. Christian Name and at 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 p mination and Tr
12. Duration of existing
13. Supposed Cause,
14. Whether subject to
15. Whether Suicidal,
16. Whether Dangerous
17. Parish or Union to w Pauper) is Charge
18. Date of becoming Ch
19. Christian Name and of Abode of near the Patient, and (if known), and of her Family been Insane,
20. Special circumstance the insertion of ticulars,

I certify that, to th

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

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

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

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

Unto the Honourable the (*) Sheriff of the (†) ~~Shire~~ County of Dumfries and Galloway and his Substitutes—

The Petition of John Dobie, Third, Kirkmichael,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Johnstone or Dobie, your Petitioner's (‡) wife

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

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Johnstone or Dobie to the Crichton asylum and to sanction her admission into the said Asylum.

John Dobie

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

DATED this 5th (§) day of April One thousand eight hundred and eighty-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,	Agnes Johnstone or Dobie
2. Sex and Age,	female 58 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous occupation (if any),	Farmers wife
5. Religious Persuasion, so far as known,	Protestant (F C)
6. Previous Place of Abode,	Third, Kirkmichael
7. Place where Found and Examined,	Third, Kirkmichael
8. Length of time Insane,	7 days
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	never under treatment previously
11. When and where previously under Examination and Treatment,	7 days
12. Duration of existing Attack,	unknown
13. Supposed Cause,	no
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	private
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	John Dobie, Third, Kirkmichael husband History obscure
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

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

DATED this 5th day of April One thousand eight hundred and eighty-four

(*To be Signed by Party applying*) John Dobie

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Thomas Reid
being a (1) Graduate in Medicine of Glasgow Univ
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Third, Kirkmichael Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes Johnstone or Dobie Third, Kirkmichael and that the said Agnes Johnstone or Dobie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 sitting in a dis melancholic state, refuses to answer any question with and keeps moaning to herself. Is this suspicious of ev one & every step. When called to drink some cold milk she t & was shaking (Other facts (if any) indicating Insanity communicated to me by others: (7)

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

John Dobie her husband says that she kept screaming at night and had to be restrained from going out. Four or five times in Jan & the 10th inst. when men talking

Name and Medical Designation, Thomas Reid M.D.

Place of Abode, Lochmaben

Dated this 5th day of April One thousand eight hundred and eighty four

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MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, James Hunter Dryden
being a (1) Licentiate of the Royal Colleges of Surgeons and Physicians, Edinburgh,
and being in actual practice as a (2) General Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 44 Crichton Royal Institution, Dumfries in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Agnes Johnstone or Dobie Third, Kirkmichael and that the said Agnes Johnstone or Dobie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is dull tumorous and very melancholy; and is suspicious of those around her; she talks incoherently & has no recollection of past events.

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

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

Nil.

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

Place of Abode, 39 Castle Street, Dumfries

Dated this Fifth day of April One thousand eight hundred and Eighty four years

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Thomas Reid
being (1) a Graduate in Medicine of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) Reid, Kirkmichael
in the County of Dumfries, seen and personally examined
Agnes Thurston or Dobie, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Thomas Reid MD

Dated this 5th day of April One thousand eight hundred and eighty-four.

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

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

I, David Boyle Hope, (1) Sheriff-Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) John Dobie,
Reid Kirkmichael
Certificates under the hands of Thomas Reid
and James Thurston Dryden, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Thurston or Dobie, Reid, Kirkmichael (Petitioner's wife) and that the said Agnes Thurston or Dobie is a (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 Thurston or Dobie as a Patient into the (6) Public Asylum of Crichton Royal Institution, and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Thurston or Dobie, which accompanied the said Petition.

Dated this Seventh day of April, One thousand eight hundred and eighty four.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1858

Agnes Dobie

5·4·84

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) ~~County~~ of Dumfries ~~Shire~~ and Galloway and his Substitutes—

The Petition of Wm. Wilson Inspr. of Poor Holywood humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Catherine Kennedy or Kirkpatrick ~~Inspector of Poor~~ Pauper Borgue Kirkcudbright is at present in a state of Mental Derangement, and 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 Kennedy, or Kirkpatrick to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

William Wilson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Eighth (4) day of April One thousand eight hundred and Eighty four 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 Kennedy, or Kirkpatrick
2. Sex and Age,	Female 33 Years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Residing in Parish of Borgue
7. Place where Found and Examined,	Southern Counties Asylum
8. Length of time Insane,	One Week
9. Whether first Attack,	Second attack
10. Age (if known) on first Attack,	32 Years
11. When and where previously under Examination and Treatment,	May 1883 to Jany. 1884 S.C.A
12. Duration of existing Attack,	One Week
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No Yes
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Holywood
18. Date of becoming Chargeable,	April 8th 1884
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	George Kirkpatrick Husband Borgue. Brother Insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	No

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Eighth day of April One thousand eight hundred and Eighty four Years

(To be Signed by Party applying) Wm. Wilson, Inspr. Holywood

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh,

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or 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, Richard B. Lorraine being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Southern Asylum Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Catherine Kennedy or Kirkpatrick and that the said Catherine Kennedy or Kirkpatrick (5) is a person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) very melancholy and dull about herself. does not Rec her age. wished to go home to her husband immediately although lying ill in bed. complained of pains in head

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Miss Bruce the matron says. She is always wanting home. is suicidal

Name and Medical Designation, R.B. Lorraine M.B.C.

Place of Abode, 16 Castle Street - Dumfries

DATED this 26th day of April One thousand eight hundred and eighty 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, Alexander Dan MacDonald being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Southern Asylum Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Catherine Kennedy or Kirkpatrick. Dongue Pauper and that the said Catherine 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) a very pecu[liar] & restless in appearance. Thinks herself very ill and is a very excited manner without any apparent reason or cause

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Dr K[ennedy] tells me that she has been in the Asylum before & has similar times also Suicide

Name and Medical Designation, A. D. MacDonald M.B.

Place of Abode, 18 Castle St Dumfries.

DATED this 26th day of April One thousand eight hundred and eighty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorises the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Richard B. Lorraine being (1) a Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Southern Counties Asylum in the County of Dumfries, seen and personally examined Catherine Kennedy or Kirkpatrick and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Richard B. Lorraine

Dated this eighth day of April One thousand eight hundred and eighty four.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Wilson Inspector of Poor Kirkpatrick Certificates under the hands of Richard B. Lorraine and Alexander Dodd Macdonald —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Catherine Kennedy or Kirkpatrick, Born Kirkpatrick Parish and that the said Catherine Kennedy or Kirkpatrick 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 Kennedy or Kirkpatrick as a Patient into the (5) 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 Catherine Kennedy or Kirkpatrick, which accompanied the said Petition.

Dated this 8th day of April, — One thousand eight hundred and eighty four.

David Boyle Hope

To the Superintendent of the (6) Public Asylum of Southern Counties, Dumfries

note. the patient appears to have been taken to the Asylum without any warrant or certificate, a practice which is illegal and was a few years ago put a stop to. D.B.H

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Catherine Kennedy
vs Nick Patrick
8th April 1884

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Sheriffdom of Dumfries and Galloway *and his Substitutes,—*

The Petition of James Dunsmore Inspector of the Poor of the Parish of Lochrie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert M'Clune Labourer residing in the Village of Lochrie your Petitioner's (3) A Pauper chargeable to the Parish of Lochrie is at present in a state of Mental Derangement, and 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'Clune to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Dunsmore

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Seventeen (4) day of April One thousand eight hundred and Eighty Four 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 M'Clune
2. Sex and Age,	Male. 22 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Lochrie Village
7. Place where Found and Examined,	Lochrie Village
8. Length of time Insane,	about three days
9. Whether First Attack,	No
10. Age (if known) on First Attack,	16 Years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum, Dumfries
12. Duration of Existing Attack,	Three days
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Lochrie
18. Date of becoming Chargeable,	7th April 1884
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thomas M'Clune, Lochrie Village Father. No
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventeen day of April One thousand eight hundred and Eighty Four

(*To be signed by Party applying*) James Dunsmore

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Charles Douglas being a (1) Doctor of Medicine of Glasgow University & Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Sorbie Village in the Parish of Sorbie in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Robert McClune, Labourer Sorbie. Pauper and that the said Robert McClune is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talkative, says he sees ghosts, that people are trying to do for him with knives & scythes. That woman in black who disappears when he approaches her, tries to burn him with a red hot

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs McClune his mother says he sleeps with swears dreadfully, was ~~[illegible]~~ threatening to hang himself

Name and Medical Designation, John Charles Douglas

Place of Abode, St. Ninians, Whithorn

DATED this Sixth day of April One thousand eight hundred and eighty 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 Robert Dobie being a (1) Bachelor of Medicine and Master in Surgery of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Sorbie Village in the parish of Sorbie in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Robert ~~McClune~~ McClune Labourer, Pauper and that the said Robert ~~McClune~~ McClune is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Restless, irritable temperament active and jealous. Looking says a man from the Churchyard follows about and a woman with a knife constantly threatens his life. Fits of bad temper

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His mother testifies to his great restlessness and says that within a short time he attempted to strike her and other about who annoyed him in any way

Name and Medical Designation, John R. Dobie

Place of Abode Whithorn

DATED this seventh day of April One thousand eight hundred and eighty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight
hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Doig Esquire Sheriff (1) Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James Dunmore
Inspector of the Poor of the Parish of Sorbie
Certificates under the hands of John Charles Douglas M. D. Whithorn
and John Robert Dobie M. B. & C. M. Whithorn, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Robert McClune, Labourer, Sorbie a Pauper and that the said
Robert McClune is a (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 McClune 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 Robert McClune which accompanied the said Petition.

DATED this Seventh day of April One thousand eight
hundred and eighty four

John Doig

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Shire~~ *of* Dumfries & Galloway *and his Substitutes,—*

The Petition of Robert Wright, Locharbriggs, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Anderson, Locharbriggs your Petitioner's (3) father-in-law is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Anderson to the Southern Counties Asylum, Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Robert Wright

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this ninth (4) day of April One thousand eight hundred and eighty 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 Anderson
2. Sex and Age,	male. 65 years.
3. Married, Single, or Widowed,	
4. Condition of Life, and previous Occupation (if any),	Quarry master
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Locharbriggs
7. Place where Found and Examined,	Locharbriggs
8. Length of time Insane,	Three days
9. Whether First Attack,	No
10. Age (if known) on First Attack,	Between 40 & 50
11. When and where previously under Examination and Treatment,	Twice previously in Southern Counties Asylum
12. Duration of Existing Attack,	Three days
13. Supposed Cause,	Troubles in connection with his business.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	(Dumfries)
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Robert Wright (son-in-law) & his wife Jane Anderson or Wright (daughter). & Mrs. Anderson (wife). No.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this ninth day of April One thousand eight hundred and eighty four

(*To be signed by Party applying*) Robert Wright

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Ferguson
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Lochanbridge
Dumfries in the County of
separately from any other Medical Practitioner visited and personally examined (4) Thomas Anderson
and that
the said Thomas 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)
He is restless & excitable, at one time lying in
bed disinclined to talk & immediately on the slightest
provocation breaking out into songs & requiring two or three
men to keep him in order.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
That he has been preaching & praying all day.
That he has been violent & going upstairs 2 or 3 times to
That he is Suspicious of his wife & friends.
That he has been in an asylum two times

Name and Medical Designation, Thomas Ferguson MB. C
Place of Abode, 22 Castle St Dumfries.

DATED this eighteen day of April One thousand eight hundred and eighty 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, William Smith Kerr
being a (1) graduate of Glasgow University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Southern
Counties Asylum in the County of
Dumfries separately from any other Medical Practitioner visited and personally examined (4) Thomas Anderson
and that
the said Thomas 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)
He is restless, excited, laughing at
nothing. Talking incoherently. Almost
maniacal

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Dr Thomson his family medical attendant
his mind has gone wrong again & had some
bleeding from the bowels a few days before.

Name and Medical Designation, W S Kerr MB & CM
Place of Abode Dumfries

DATED this Eighteenth day of April One thousand eight hundred and Eighty four years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, R Thomas Ferguson being (1) Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Lochaibriggs in the County of Dumfries, seen and personally examined Thomas Anderson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Thomas Ferguson M.B. & C.M.

DATED this eighth day of April One thousand eight hundred and eighty four.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert Wright Lochaibriggs Certificates under the hands of Thomas Ferguson and William Smith - Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Anderson, Quarrymaster, Lochaibriggs (Petrus father-in-law) and that the said Thomas Anderson, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Anderson as a Patient into the (6) Public Asylum of 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 Thomas Anderson, which accompanied the said Petition.

DATED this Eleventh day of April, One thousand eight hundred and eighty four years.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries.

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Dumfries and Galloway *and his Substitutes,—*

The Petition of Miles McAdams Inspector of Poor Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Hill —— your Petitioner's (3) Lodger —— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Hill to the Southern Counties Asylum and to sanction her admission into the said Asylum.

Miles McAdams

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Dated this Fourteenth (4) day of April One thousand eight hundred and Eighty Four years

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Hill
2. Sex and Age,	Female 31
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Charwoman
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Lapsens Close Dumfries
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	A few days
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	—
13. Supposed Cause,	Drink
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes might be
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	10th April 1884
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary Hill or Aitken Grainger Close Dumfries. Sister. Not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 11th day of April One thousand eight hundred and Eighty Four years.

(*To be signed by Party applying*) Miles McAdams

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Marshall being a (1) Graduate of the Royall College of Physicians & Surgeons Glasgow and Coll. 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) Lyons Glen Dumfries in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Mary Hill — Pauper the said Mary Hill. is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 states that she is in a miserable state of mind is in dread for the safety of her Soul, and says she has been poisoned.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The persons in the room state that she is most uneasy, roams about and makes noise during night.

Name and Medical Designation, William Marshall M.D.

Place of Abode, 27 Buccleuch St.

DATED this 11th day of April One thousand eight hundred and Eighty 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 Smith being a (1) Graduate in Medicine of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Southern County Gaol Dumfries Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Mary Hill. a Pauper the said Mary Hill. is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, 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 incoherent & speak of delusions. States that some persons have attempted to poison her. that she is constantly disturbed by noise from unseen persons.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, John Smith M.D.

Place of Abode, H.M. Gaol Dumfries

DATED this 14th day of April One thousand eight hundred and eighty four years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned William Marshall being (1) A Graduate of the Faculty of Physicians & Surgeons Glasgow and College of St Andrews hereby certify, on soul and conscience, that I have this day, at (2) Pagans close in the County of Dumfries, seen and personally examined Mary Hill Pauper, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

W Marshall M.D.

DATED this 11th day of April One thousand eight hundred and Eighty Four years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, of the (2) County of Dumfries (1) Sheriff Substitute having had produced to me, with a Petition at the instance of (3) Miles McInnes Inspector of Poor Dumfries Certificates under the hands of William Marshall M.D. and John Smith 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 Hill Pagans Close, Dumfries (a pauper) and that the said Mary Hill is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Hill as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Hill which accompanied the said Petition.

DATED this Fourteenth day of April —One thousand eight hundred and eighty four

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries } E H Smith

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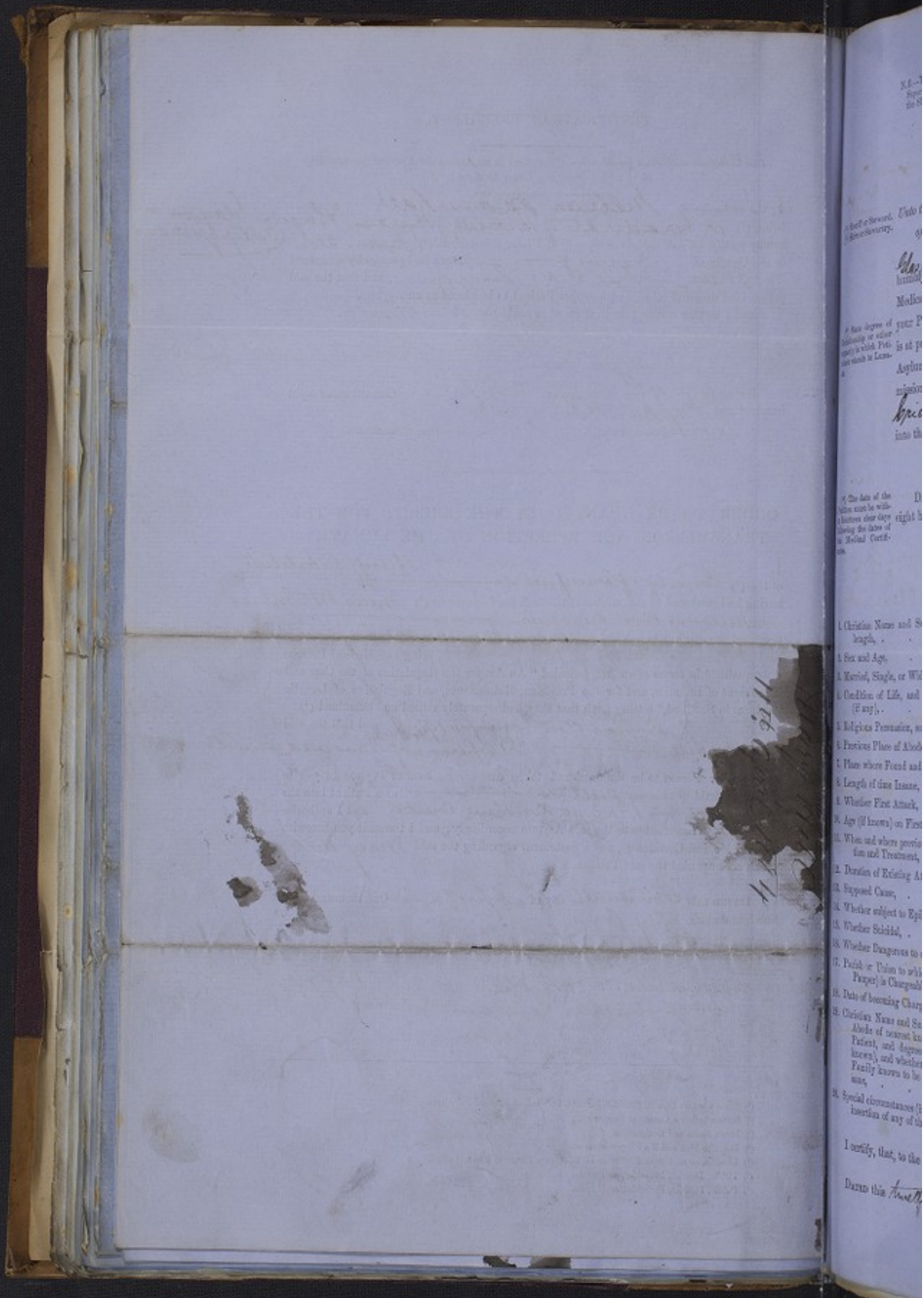
(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.



N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Ayr *and his Substitutes,—*

The Petition of Robert McWilliam residing in Steven St Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Matilda Tait, Spinster, residing in Ayr your Petitioner's (3) maternal 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 Matilda Tait to the Crichton Royal Institution Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Robt. McWilliam

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twelfth (4) day of April One thousand eight hundred and eighty 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,	Matilda Tait,
2. Sex and Age,	Female - Sixty four
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	No occupation
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Ayr
7. Place where Found and Examined,	Cromwell Cottage, Gas Work Road, Ayr.
8. Length of time Insane,	Fortnight
9. Whether First Attack,	First
10. Age (if known) on First Attack,	Sixty four
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	Fortnight
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	Robert McWilliam 32 Steven St Glasgow Nephew No
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twelfth day of April One thousand eight hundred and eighty four

(*To be signed by Party applying*) Robt. McWilliam

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 Blane Erskine being a (1) M.D. of the University of Edinburgh and Licentiate of the Royal College of Surgeons Edinb and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Cromwell Cottage Gaswork Road, Ayr. in the County of Ayr, separately from any other Medical Practitioner visited and personally examined (4) Matilda Tait, residing at Cromwell Cottage, Gaswork Road, Ayr. and that the said Matilda Tait is a (5) person of unsound mind. and a proper Person to be detained under Care and Treatment, 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 to the effect that she is going to be married to the Earl of Eglinton, believes that the Earl visits her frequently, and has hallucinations of seeing him in her room and of hearing him, speaking to her; other usual symptoms of Monomania

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Landlady states that she is constantly speaking her marriage with the Earl, and informing her of his visits to her and of what he has said. &c

Name and Medical Designation, Robert Blane Erskine M.D. & L.R.C.S.E.

Place of Abode, 5 Alloway Place, Ayr

DATED this Eleventh day of April One thousand eight hundred and eighty 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, William R MacDonald being a (1) M.D. of Edinburgh and member of the Royal College of Surgeons of England. and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Cromwell Cottage Gasswork Road, Ayr in the County of Ayr separately from any other Medical Practitioner visited and personally examined (4) Matilda Tait, Cromwell Cottage Gasswork Road, Ayr. and that the said Matilda Tait is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, 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 has a sad expression, and believes that she is going to be married to the Earl of Eglinton. She states that she saw his Lordship this morning and that he is coming to-day to take her to Glasgow

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Miller states that she talks about this delusion &c.

Name and Medical Designation, W. R. MacDonald M.D. M.R.C.S.

Place of Abode 18 Barns Street Ayr

DATED this Eleventh day of April One thousand eight hundred and eighty four years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Kilpatrick (1) Sheriff Substitute of the (2) County of Ayr having had produced to me, with a Petition at the instance of (3) Robert McWilliam Steven Street Glasgow Certificates under the hands of Robert Blane Erskine M.D. and William R MacDonald 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) Matilda Laid Cromwell Cottage Ayr and that the said Matilda Laid is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Matilda Laid as a Patient into the (6) Crichton Royal Institution Dumfries ~~Asylum of~~ 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 Matilda Laid which accompanied the said Petition.

DATED this twelfth day of April One thousand eight hundred and eighty four

Will Kilpatrick

MR To the Superintendent of the (7) Christian ~~Asylum of~~ Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Matilda Lait

12th April. 1884.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Steward, Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (1) Dumfries and Galloway *and his Substitutes,—*

The Petition of Mike McInnes, Inspector of Poor, Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Leiper

egree of or other ich Peti- to Luna-

your Petitioner's (2) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Ann Leiper to the Southern Counties Asylum and to sanction her admission into the said Asylum. Two words delete

Mike McInnes

e of the be with- lear days dates of Certifi-

DATED this 19th (3) day of April One thousand eight hundred and Eighty Four years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

an Name and Surname of Patient at th,	Ann Leiper
d Age,	Female 24 years
l, Single, or Widowed,	Single
on of Life, and previous Occupation ny),	Domestic Servant
us Persuasion, so far as known,	Protestant
as Place of Abode,	Nithsyth Dumfries
rhere Found and Examined,	County Buildings Dumfries
of time Insane,	Cannot tell
er First Attack,	—
known) on First Attack,	—
and where previously under Examina- and Treatment,	—
on of Existing Attack,	—
ed Cause,	—
er subject to Epilepsy,	No
er Suicidal,	No
er Dangerous to others,	yes
or Union to which the Lunatic (if a per) is Chargeable,	Dumfries
f becoming Chargeable,	14th April 1884
an Name and Surname, and Place of de of nearest known Relative of the ient, and degree of Relationship (if wn), and whether any Member of nily known to be or to have been In- e,	Mary Leiper, Mother, Friars Vennel Dumfries
l circumstances (if any) preventing the rtion of any of the above particulars,	Not known
	None

tify, that, to the best of my knowledge, the above particulars are correctly stated.

ED this 19th day of April One thousand eight hundred and Eighty Four years

(*To be signed by Party applying*) Mike McInnes Insp. of Poor

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Smaellie
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) County Buildings
Dumfries
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Jane Leiper a pauper
and that
the said Jane Leiper is a (5) person of
Unsound mind and a proper Person to be detained
under Care and Treatment, 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 likes smoothing
states that they & the times subject to
misrepresentation which prevents her communicating
and dangerous acts and which she cannot prev

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her friends state that she gets quite fu
& foolish during which she tries to
Verbally attacks anybody o

Name and Medical Designation, } W Marshall MD & DPH

Place of Abode, 21 Buccleuch St Dumfries

DATED this 14 day of April One thousand eight hundred and eighty 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, William Smith Kerr
being a (1) Graduate of Glasgow University &c
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) County Buildings
Dumfries
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Jane Leiper. a pauper.
and that
the said Jane Leiper is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, 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 cannot
Control her habits of destruction and lawlessness
She is often careless and destitute and is ever
the slightest impulse to do anything.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The police have often been called in, about her
misdoing, and misbehaviour. They say she is pe
upset and a mad nuisance.

Name and Medical Designation, } A. S. Kerr M.B. C.M.

Place of Abode Dumfries

DATED this 14th day of April One thousand eight hundred and Eighty four years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

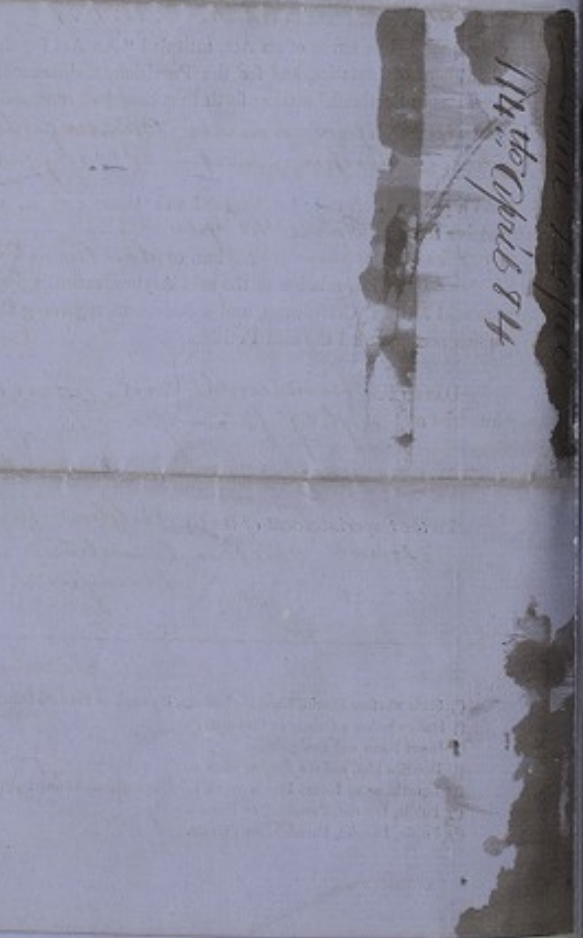
I, James Bruce (1) Honorary Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Miles Mc Innes
Inspector of Poor Dumfries
Certificates under the hands of William Marshall M.D. &c
and William Smith Kerr M.D. &c, being two Medical Persons
duly 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)
Jane Cowper, County Building Dumfries and that the said
Jane Cowper is a (5) pauper a pauper lunatic of unsound mind.
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Cowper as a Patient into the
(6) Public Asylum of Southern Counties and I authorize
her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Cowper which accompanied the said Petition.

DATED this nineteenth day of April One thousand eight hundred and eighty four years.

James Bruce Hon. S. S

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.



N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the~~ (2) Dumfries, and ~~of~~ Galloway *and his Substitutes,*—

The Petition of John Maxwell, Insp^r of Poor, Troqueer, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Green, Warder of Prison, your Petitioner's (3) pauper, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Green to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Maxwell, Insp^r of Poor,

DATED this Twentieth (4) day of April One thousand eight hundred and eighty four years

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Robert Green.
2. Sex and Age,	Male, aged. 47 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Army Pensioner & Prison Warder
5. Religious Persuasion, so far as known,	Not Known.
6. Previous Place of Abode,	Prison Kirkcudbright
7. Place where Found and Examined,	Prison. Maxwelltown, Troqueer.
8. Length of time Insane,	about 3 Days.
9. Whether First Attack,	supposed First attack
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,	3 Days
13. Supposed Cause,	Not Known.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	once about a twelvemonth ago.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Troqueer in the Meantime, but supposed to be Kirkcudbright
18. Date of becoming Chargeable,	20. April, 1884,
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Sarah Green. Wife. 1 Hongate Street Maxwelltown. Family no information.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twentieth day of April One thousand eight hundred and eighty four years

(*To be signed by Party applying*) John Maxwell, Insp^r of Poor Troqueer, P.P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, 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) the Maxwellton Prison in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Robert Green in the Prison Maxwellton and that the said Robert Green Warder 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 incoherent and very excitable and denies any knowledge of the very serious & dangerous assault. he had committed —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Governor of the Prison tells me he assaulted one of the Warders with a Razor inflicting a sure wound seven inches long over the left cheek & neck

Name and Medical Designation, William Scott M.

Place of Abode, Dumfries

DATED this 29th day of April One thousand eight hundred and eighty 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.

I, the undersigned, Alexander Dall MacDonald being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & surgeon hereby certify, on soul and conscience, that I have this day, at (3) Maxwellton Prison in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Robert Green Warder Bungate Maxwellton and that the said Robert Green 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 has delusions regarding people watching him at the window is very excited and talks in a very peculiar manner.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Fa[illegible] tells me that he drew a razor across his cheek and his wife says he has threatened to do for her

Name and Medical Designation, A D MacDonald

Place of Abode 18 Castle St Dumfries

DATED this 20th day of April One thousand eight hundred and eighty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Scott being (1) a Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) the Maxwelltown Prison in the County of Kirkcudbright, seen and personally examined Robert Green, Prison Warder, and that the said Robert Green person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Scott MD

DATED this 20th day of April One thousand eight hundred and 84.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Bruce, Honorary (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Maxwell, Inspector of Poor, Troqueer, Certificates under the hands of William Scott M.D. &c. and Alexander Dall Macdonald 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) Robert Green, Warder, Maxwelltown Prison, Troqueer, and that the said Robert Green, is a (5) Lunatic, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Green, as a Patient into the (6) Public Asylum of Southern Counties, and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Green which accompanied the said Petition.

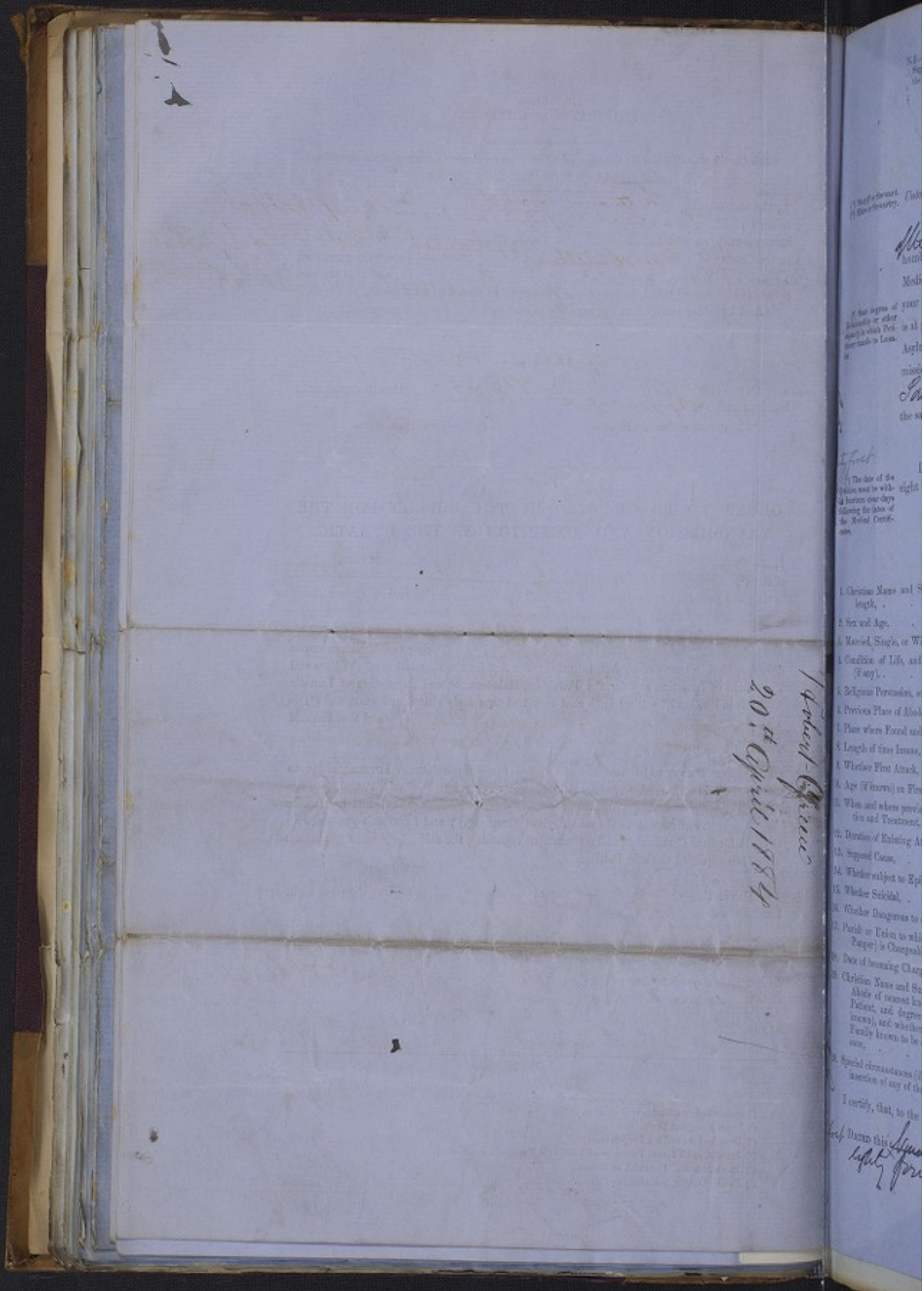
DATED this Twenty first day of April One thousand eight hundred and eighty four years.

James Bruce
Hon. S.S.

To the Superintendent of the (7)
Public Asylum of Southern Counties
Dumfries.

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.



N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* Dumfries & Galloway *of* *and his Substitutes*

The Petition of Christopher P. Richardson Inspector after Poor of Kelton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Toul residing in Castle Douglas your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Toul to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

C P Richardson Insp

Dated this ~~Nineteenth~~ (4) day of April One thousand eight hundred and eighty four

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Toul
2. Sex and Age,	male; 29
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Coachman or groom
5. Religious Persuasion, so far as known,	Protest
6. Previous Place of Abode,	Glasgow
7. Place where Found and Examined,	Castle Douglas
8. Length of time Insane,	about 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,	"
13. Supposed Cause,	low spirits - depression
14. Whether subject to Epilepsy,	"
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kelton
18. Date of becoming Chargeable,	25 March 1884
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Margt Toul King St Castle Douglas
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	"

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this ~~Nineteenth~~ day of April One thousand eight hundred and eighty four

(To be signed by Party applying) C P Richardson Insp

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Walter Lorraine being a (1) ~~General Prac~~ Graduate of Edin: Uni and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Marle St Castle Douglas in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) John Toul, Pauper and that the said John Toul is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 delusions respecting himself — He told me that he thought he could run as [illegible] a Railway train struck the other day — when [illegible] him he thought he [illegible] hold of the last [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

His sister says he is mostly talking [illegible] nonsensical things — He requires [illegible] watching

Name and Medical Designation, Walter Lorraine [illegible]

Place of Abode, Castle Douglas

DATED this 20th day of April One thousand eight hundred and eighty 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.

I, the undersigned, John Macdonald being a (1) Bachelor of Medicine of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Marle Street Castle Douglas in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) John Toul Pauper and that the said John Toul is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 delusions — says there are people in the room who are not present. He wanted me to give him something that would end his life

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

His sister — Margaret Toul — says that he imagines there are people in the room when there are none.

Name and Medical Designation, John Macdonald M

Place of Abode Castle Douglas

DATED this Twentieth day of April One thousand eight hundred and eighty-four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Macarthur Gordon (1) Esqr Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Christopher Wright Richardson
Certificates under the hands of Walter Browne
and John Macdonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
John Toul Pauper
and that the said
John Toul is a (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 Toul as a Patient into the 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 John Toul which accompanied the said Petition.

DATED this twenty first day of April One thousand eight hundred and eighty four

Robt Gordon S.S.

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Petition

Kelton Inspector

To

Sheriff of Dum-
fries & Galloway

H

Wm Tool

1884

22nd April 1884

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Sheriffdom *of Dumfries and Galloway and his Substitutes,—*

The Petition of John Johnston, Inspector of Poor for Penninghame humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Mc Adam your Petitioner's (3) pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Mc Adam to the Dumfries Royal Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

J. Johnston. Inspector of Poor for Penninghame

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty first (4) day of april One thousand eight hundred and eighty four 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 Mc Adam
2. Sex and Age,	female . 30
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	working with cows, and doing house work
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	for her father - a crofter. Barwhinnan Croft. Penninghame
7. Place where Found and Examined,	Barwhinnan Croft
8. Length of time Insane,	three days
9. Whether First Attack,	no- Third
10. Age (if known) on First Attack,	23 on first attack - 28 on second
11. When and where previously under Examination and Treatment,	at Barwhinnan in parents house
12. Duration of Existing Attack,	three days.
13. Supposed Cause,	hereditary, and lonely situation since recent death of both parents
14. Whether subject to Epilepsy,	no-
15. Whether Suicidal,	no-
16. Whether Dangerous to others,	Believed not
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Penninghame
18. Date of becoming Chargeable,	21 april 1884.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	Brother Andrew Mc Adam. Glasgow, but since 19th last in charge of sister at Barwhinnan croft - Mother stated to have been partially insane for many years before her death.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty first day of april One thousand eight hundred and Eighty four years

(*To be signed by Party applying*) J. Johnston.
Inspector of Poor. P. P.
for Penninghame.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Clark
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) Barrhirnan in the Parish of Penninghame in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Agnes McAdam, Pauper. Barrhirnan
the said Agnes McAdam 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)
On the 18th inst: found her wandering about in a very unsettled state & very anxious to go into her house. She could not be induced to go into one room, but spoke from room to room. Muttering something about "Heaven & Hell" &c. during intervals of singing. On being asked if she would sing them, sang the hymn "Oh Christ I am not worthy" &c. She would die and go to her father. She fancies that she is being accused of having been unkind to her parents - She is very much changed in manner & appearance.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Appearance
Her Brother Andrew and Sister Maggie state that she is very restless and excited at times & that they have great difficulty in keeping her in the house.

Name and Medical Designation, James Clark

Place of Abode, 1 Westmoreland

Dated this Twentieth day of April One thousand eight hundred and Eighty 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, James Gibson Dickson
being a (1) Doctor of Medicine - University of Glasgow
and being in actual practice as a (2) Doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (3) Barrhirnan Cott. in the Parish of Penninghame, in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Agnes Mc Adam, Pauper
the said Agnes Mc Adam 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)
Her whole manner and demeanour changed restless, excitable, almost continuously cross in a melancholy strain: memory considerably affected: delusions with regard to heavenly circumstances past and present.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Andrew Mc Adam - her brother. and Margaret Landers - her sister state she is ever restless walking about in an aimless manner and in constant weeping. Yesterday she attempted to throw herself in front of the Portpatrick Railway.

Name and Medical Designation, James G. Dickson - Medical

Place of Abode Woodlea, Newton Stewart

Dated this Twenty first day of April One thousand eight hundred and eighty four years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Doig Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) John Johnstone Inspector of Poor for Penninghame
Certificates under the hands of James Clark L.F.P.S. Newton Stewart
and James Dickson M.D. Newton Stewart, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Agnes Mc Adam Pauper
and that the said
Agnes McAdam is a (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 Mc Adam as a Patient into the (6) Southern Counties Asylum of 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 Agnes Mc Adam which accompanied the said Petition.

DATED this twenty second day of April One thousand eight hundred and eighty four

John Doig

To the Superintendent of the (7)
Public Asylum of the Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2418

Agnes Sr.e Adams

28 nd April 1884

(3) Sheriff or Steward. (4) Shire or Stewartry.

(5) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(6) The date of the Petition must be within fourteen clear days following the date of the Medical Certificates.

1. Christian Name and Surname in full 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 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 (or Pauper) is Chargeable, .
18. Date of becoming Chargeable, .
19. Christian Name and Surname in full, Abode of nearest Relative of Patient, and degree of Relationship (if known), and whether Patient's Family known to Inspector or Visitor, .
20. Special circumstances rendering insertion of any of the above

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]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Dumfries and of Galloway and his Substitutes,—or any of them.

The Petition of James M'Kie, Inspector of Poor of the Parish of Minnigaff humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Chesney, Shepherd,

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said David Chesney to the Southern Counties Asylum, Dumfries, and to sanction his admission into the the said Asylum.

James M'Kie Inspector

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Thirtieth (4) day of April — One thousand eight hundred and eighty four years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	David Chesney Shepherd
2. Sex and Age,	57 Years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Shepherd
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Black Loch Minnigaff
7. Place where Found and Examined,	one day
8. Length of time Insane,	Not known
9. Whether first Attack,	do
10. Age (if known) on first Attack,	do
11. When and where previously under Examination and Treatment,	do
12. Duration of existing Attack,	do
13. Supposed Cause,	do
14. Whether subject to Epilepsy,	do
15. Whether Suicidal,	do
16. Whether Dangerous to others,	Might be
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Minnigaff
18. Date of becoming Chargeable,	29th April 1884
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary Anderson his Wife residing at the said Blackloch in the said Parish.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Thirtieth day of April — One thousand eight hundred and 84 years

(*To be signed by Party applying*) James M'Kie Inspector

P. P.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James Clark
being a (1) Licentiate of the Faculty of Phys
and Surgeons, Glasgow
and being in actual practice as a (2) Surgeon Black
hereby certify, on soul and conscience, that I have this day, at (3)
in the Parish of Minnigaff in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) David Chesney, Shepher
Pauper, Black Loch, Minnigaff, Kirkcudbright and that
the said David Chesney is a (5) Person
of unsound mind and a proper person to be detained
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: That the farm of Barncaugh be
and every thing on it was his; that he can d
with them what he likes; that he can burn heath
January to) summer, 365 days in the year"; that adam
Parker is dead some days; that I am about to [illegible]

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Peter Milroy, Police Officer stated, that he found
Chesney burning heather on the 25 inst; that he told
the farm to stop burning as it was his; that he would do
his own as he liked, & that he would not allow her
to put out her [illegible]

Name and Medical Designation, James Clark, Surg

Place of Abode, Newton Stewart

DATED this 30th day of April One thousand eight
hundred and eighty four 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 Gibbons Dickson
being a (1) Doctor of Medicine - University of Glasg
and being in actual practice as a (2) Doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (3) Black Loch,
in the Parish of Minnigaff in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) David Chesney, Shepher
Pauper, Black Loch, Minnigaff, Kirkcudbright and that
the said David Chesney is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Formerly Cautious he has become quite loquacious especi
when on the subject of his delusions. One of these is t
he is proprietor of the large farm upon which he is a sh
He asserts his right to burn the heather thereon at all time
is determined to resist the attempt at the most [illegible]
possession himself.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His wife tells me he has been labouring under
delusions for some months.

Name and Medical Designation, James G. Dickson, M

Place of Abode, Wooder, Newton Stewar

DATED this 30th day of April One thousand eight
hundred and eighty four years.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Clark being (1) Licentiate of the Faculty of Physicians & Surgeons, Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Black Loch in the County of Kirkcudbright, seen and personally examined David Cheney, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Clark, Surgeon

DATED this Thirtieth day of April One thousand eight hundred and Eighty four years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, ——— (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) ~~David~~ James McKie, Inspector of Poor, Minnigaff, Certificates under the hands of James Clark, L.R.C.P.S.G. and James Gibson 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 (4) David Cheney, Shepherd, Black Loch, Minnigaff (a pauper), and that the said David Cheney, ~~Shepherd~~, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Cheney Shepherd ——— as a Patient into the (6) Public ——— Asylum of Southern Counties ——— and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David Cheney ~~Shepherd~~ ——— which accompanied the said Petition. From under Hand.

DATED this First ——— day of May, ——— One thousand eight hundred and eighty four.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2712
David Chesney
1st May 1884

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the (2) Shire~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of Thomas Cossar Rosemount Moffat,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Cossar ——— your Petitioner's (3) Sister ———

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Cossar ——— to the Southern Counties Asylum and to sanction her admission into the said Asylum.

Thomas A Cossar

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 5th (4) day of May — One thousand eight hundred and eighty 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,	Jane Cossar. 33 years of age
2. Sex and Age,	Female
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Rosemount, Moffat
7. Place where Found and Examined,	Academy Road. Moffat
8. Length of time Insane,	about a week
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	a week
13. Supposed Cause,	Her mother died suddenly about two months ago & she has not been right since
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	Thomas Cossar. Rosemount Moffat. Brother. No
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fifth day of Mar One thousand eight hundred and eighty four

(*To be signed by Party applying*) Thomas A Cossar

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 Munro
being a (1) Member of the Royal College Physicians
& a Licentiate of the Royal College of Surgeons Edin
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Academy
Road. Moffat
Dumfries in the County of
separately from any other Medical Practitioner
visited and personally examined (4) Jane Corsar. Rosemount
Moffat and that
the said Jane Corsar is a (5) person of
Unsound Mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)

Supposing she has been wronged by her
brother & sister - constant talking and jumping
out of bed - thrashing the bed and talking
a great deal of nonsense.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

The above facts - from brother & Sister
Uncle. aunt & Cousins

Name and Medical Designation, James Munro M.D. L.R.C.P.

Place of Abode, Moffat

DATED this Fifth day of May One thousand eight hundred and Eighty 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, Wm D'Orsy Greene
being a (1) Doctor of Medicine & master in Surgery
of the University of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Academy
Moffat.
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Jane Corsar, Rosemount
Moffat. and that
the said Jane Corsar 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)

Unmanageable. Raving continually &
incoherently, & threatening suicide. repeats words
over & over again, stopping the pillow with her h

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

That she raves in the same manner about her
Character & cannot be kept in bed

Name and Medical Designation, Wm D'Orsy Greene

Place of Abode Mansfield House Moff

DATED this Fifth day of May One thousand eight hundred and eighty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Munro being (1) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (2) Academy Road - Moffat in the County of Dumfries, seen and personally examined Jane Cossar, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Munro. M.D. L.R.C.S. Edin.

DATED this Fifth day of May One thousand eight hundred and eighty four

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope, — (3) Sheriff Substitute, of the (4) County of Dumfries, having had produced to me, with a Petition at the instance of (5) Thomas Cossar, Roumount Moffat, Certificates under the hands of James Munro and William O'Dyer Grange, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Jane Cossar Roumount, Moffat (Petitioners visit) and that the said Jane Cossar, — is a (7) 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 Jane Cossar as a Patient into the (8) Public Asylum of Southern Counties, and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Cossar which accompanied the said Petition.

DATED this Sixth day of May, — One thousand eight hundred and eighty four.

David Boyle Stope

To the Superintendent of the (9) Public Asylum of Southern Counties Dumfries.

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries and Galloway — *and his Substitutes,—*

The Petition of Mrs Elizabeth Armstrong, Dovenby, nr Cockermouth, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Annie Graham, ——— your Petitioner's (3) Sister — ——— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Annie Graham ——— to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Elizabeth Armstrong

DATED this Seventh (4) day of May — One thousand eight hundred and Eighty four —

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Annie Graham
2. Sex and Age,	Female 34 Years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Gentlewoman
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Elm Terrace Cockermouth
7. Place where Found and Examined,	22 Castle Street, Dumfries
8. Length of time Insane,	One month
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	34 Years
11. When and where previously under Examination and Treatment,	✓
12. Duration of Existing Attack,	See No 8
13. Supposed Cause,	Disappointment in Love
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Armstrong, Dovenby, nr Cockermouth
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventh day of May — One thousand eight hundred and Eighty four —

(To be signed by Party applying) Elizabeth Armstrong

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Ferguson being a (1) Graduate of Edin^r University and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) 27 Castle St Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Annie Graham and that the said Annie 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)

Says she has crushed out all natural feeling & has no interest or pleasure in any thing or any body & that sometimes she does not care to live.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

By her Sister Mrs Armstrong That she is very depressed & has threatened to do herself harm — eating leaves & flowers with that intention

Name and Medical Designation, Thomas Ferguson M.D. Surg

Place of Abode, 22 Castle St Dumfries

DATED this seventh day of May One thousand eight hundred and eighty 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.

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal Colleges of Surgeons and Physicians Edinburgh and being in actual practice as a (2) general medical practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Annie Graham and that the said Annie 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) She is very melancholy & depressed, says she has nothing to live for; that all her natural feelings are crushed. & that she has no desire to live longer.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, J Hunter Dryden R.C.S.

Place of Abode 33 Castle Street, Dumfries

DATED this seventh day of May One thousand eight hundred and eighty four years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Thomas Ferguson
being (1) Licensed Graduate of Edin: Universities
hereby certify, on soul and conscience, that I have this day, at (2) 27 Castle St Dumfries.
in the County of Dumfries, seen and personally examined
Annie Graham, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Thomas Ferguson M.D.C.M.

DATED this Seventh day of May One thousand eight hundred and eighty four.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, —— (1) Sheriff Substitute,
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Mrs Elizabeth Armstrong,
Dovenby Cockermouth,
Certificates under the hands of Thomas Ferguson
and James Hunter Dryden, ——, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Annie Graham, Elm Terrace Cockermouth (Mrs sister)
Annie 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 Annie Graham, —— 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 Annie Graham, which accompanied the said Petition.

DATED this Ninth day of May One thousand eight hundred and eighty four.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries.

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Annie Graham.

7th May 1881.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries & Galloway *and his Substitutes,*—

The Petition of Joseph Rudge of 25 Courtnell Street, Bayswater, London humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Rudge your Petitioner's (3) brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Rudge to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Joseph Rudge

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eighth (4) day of May One thousand eight hundred and eighty 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,	James Rudge
2. Sex and Age,	male – 47 years
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	no occupation for 16 years has a small income
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	Church Stretton
7. Place where Found and Examined,	Crichton Royal Institution, Dumfries.
8. Length of time Insane,	
9. Whether First Attack,	No.
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	Boosham, York – of his own accord
12. Duration of Existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	believe not
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	Joseph Rudge (the Petitioner)
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	No member of family known to have been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	indulgence in drugs causes his malady –

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eighth day of May One thousand eight hundred and eighty four –

(*To be signed by Party applying*) Joseph Rudge

P. p.

Annie Graham.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Smith Kerr
being a (1) graduate of Glasgow University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Crichton
Royal Institution Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) James Rudge
and that
the said James Rudge is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, 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 much
depressed. Melancholic... Has delusions
and is much troubled with noises in the head
Must have an opium water for sometime.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The medical ~~report~~ history confirms the opinion entertained
the opium water ~~ordered~~ ordered for his depression
and restlessness

Name and Medical Designation, P. S. Kerr M.D.

Place of Abode, Dumfries.

DATED this 7th day of May One thousand eight
hundred and Eighty 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, Alexander Dale Macadam
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) Assistant 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) James Rudge Landed
Gentleman and that
the said James Rudge is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is very
melancholy & depressed and says
he will die if he does not get medicine
at once. Has many delusions which
delusion, he is a confirmed opium to

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Dr Kerr tells me that he has
many delusions that he says he is
troubled with sounds & that his friends

Name and Medical Designation, A. D. Macadam

Place of Abode Crichton Royal Dumfries

DATED this 7th day of May One thousand eight
hundred and eighty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stops, (1) Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Joseph Rudge 25 Courtnell Street Bayswater, London, Certificates under the hands of William Smith Kerr, and Alexander Dall MacDonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Rudge, Crichton Royal Institution Dumfries (his brother) and that the said James Rudge, is a (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 Rudge as a Patient into the (6) Public Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Rudge, which accompanied the said Petition.

DATED this Ninth day of May One thousand eight hundred and eighty four.

David Boyle Stops

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1003.

James Rudge.

9th May. 1894.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Shire~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of Samuel Vivison, Bank Clerk, Langholm, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Vivison, ——— your Petitioner's (3) Sister ——— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Vivison, ——— to the Crichton Royal Institution, Dumfries, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Sam. Vivison

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eighth (4) day of May —— One thousand eight hundred and eighty 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,	Agnes Vivison
2. Sex and Age,	Female. Thirty seven years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Resident with her Father, no previous occupation
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Always in Langholm
7. Place where Found and Examined,	~~Langholm~~
8. Length of time Insane,	~~Last~~ Seventeen years more or less
9. Whether First Attack,	No
10. Age (if known) on First Attack,	Twenty
11. When and where previously under Examination and Treatment,	Never
12. Duration of Existing Attack,	About three months ago
13. Supposed Cause,	A 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,	None
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	John Vivison, Langholm Father. Nil
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	No 7 & 18 do not apply to her case

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this eighth day of May One thousand eight hundred and eighty four

(*To be signed by Party applying*) Sam. Vivison

P P

James Ridge.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Morat, being a (1) Doctor of Medicine and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Townhead Sanquhar Dumfries separately from any other Medical Practitioner visited and personally examined (4) Agnes Nivison and the said Agnes Nivison is a (5) Person of Unsound Mind and a proper Person to be detained under Care and Treatment, 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 lay in bed shaking her head unconsciously ... without apparent Cause When asked by the ... to she said the atmosphere thickened the blood. She lay either refused to answer

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Facts obtained from her brother She is almost ... stantly in motion and speaking to herself. Neither ... talking a great deal during the night Sleeps little

Name and Medical Designation, John Morat Doctor of Medicine

Place of Abode, Sanquhar

DATED this ninth day of May — One thousand eight hundred and Eighty 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.*

I, the undersigned, Archibald Davidson being a (1) Master of Surgery and Bachelor of Medicine and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Townhead of Sanquhar Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes Nivison and that the said Agnes Nivison is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 the time of my visit she was somewhat nervous and sullen and free from any of the attacks she often takes Sometimes she refused to answer at other times to answer but no relation to the question asked.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her brother states she is liable to attacks of excitement when for 24 or seven hours she talks and mutters incessantly during no food, except when pressed to Her limbs and arms in these occasions are continuously ...

Name and Medical Designation, Archibald Davidson Master of Surgery & Bachelor of Medicine

Place of Abode Sanquhar

DATED this ninth day of May One thousand eight hundred and eighty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope ——— (1) Sheriff Substitute, of the (2) County of Dumfries ———, having had produced to me, with a Petition at the instance of (3) Samuel Nivison, residing in Sanquhar ———, Certificates under the hands of John Mowat, ——— and Ansbruther Davidson, ———, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Nivison residing in Sanquhar (Alias ~~Sinclair~~), and that the said Agnes Nivison, ——— is a (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 Nivison, ——— 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 Agnes Nivison ——— which accompanied the said Petition.

DATED this Ninth ——— day of May ——— One thousand eight hundred and eighty four.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1864
Agnes Livinson
May 9. 1884.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) ~~the~~ Dumpies and Galloway, *and his Substitutes,—*

The Petition of Willo Mc Innes, Inspector of Poor, Dumpies, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Henderson or Mc Lundo, your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Henderson or Mc Lundo, to the ~~Southern~~ Counties Asylum, and to sanction his admission into the said Asylum. Then Honors, dilet

Willo Mc Innes

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Tenth (4) day of May One thousand eight hundred and Eighty Four 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 Henderson or Mc Lundo
2. Sex and Age,	Female – 47 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	– Charwoman
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	4 Stonelaw Road Rutherglen
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	Some months
9. Whether First Attack,	No
10. Age (if known) on First Attack,	44 years
11. When and where previously under Examination and Treatment,	Dumpies – L.C. Asylum
12. Duration of Existing Attack,	A few months
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumpies
18. Date of becoming Chargeable,	8th May 1884
19. Christian Name and Surname, and Place of Abode of nearest-known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Hugh Mc Lundo, Son, residing at 4 Stonelaw Road, Rutherglen. No
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eighth day of May One thousand eight hundred and Eighty Four years.

(To be signed by Party applying) Willo Mc Innes

P. P.

MEDICAL CERTIFICATE, No. 1.

(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, David Longwill
being a (1) Bachelor of Medicine & Master of Surgery, Glasgow
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 4 Stonelaw Road Rutherglen in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Agnes Henderson or McMurdo, Pauper, 4 Stonelaw Road, Rutherglen and that the said Agnes Henderson or McMurdo is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She imagines there is a mine under her house in which her friends are confined. Says she hears them talking. Is melancholy and talks incoherently. Is constantly quoting scripture

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her son says she has been talking about this mine for months and thinks she is getting worse. Two days ago she went into a neighbour's house in a state of perfect nudity and said she heard voices under the floor. Goes about the town and talks about what she hears in the mine.

Name and Medical Designation, David Longwill, M.B. & C.M.

Place of Abode, Rutherglen.

DATED this Seventh day of May One thousand eight hundred and eighty four.

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 Marshall
being a (1) Graduate of the University of Glasgow & Licentiate of the Royal College of Physicians & Surgeons Glasgow
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Asylum Dumfries Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Agnes Henderson or McMurdo and that the said Agnes Henderson or McMurdo is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently imagines that the Queen is coming to see her & that she is to be set on the throne that Christ is dead and cannot rise with the dawn of the Resurrection unless the prayers are said with the face turned to the East

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her attendant states much the same

Name and Medical Designation, Marshall Brown M.D.

Place of Abode 24 Buccleuch St Dumfries

DATED this 9th day of May One thousand eight hundred and eighty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, David Longwill
being (1) a Bachelor of Medicine Master of Surgery, Glasgow
hereby certify, on soul and conscience, that I have this day, at (2) 4 Stonelaw Road, Rutherglen, Lanark,
in the County of Lanark, seen and personally examined
Agnes Henderson or Mc Murdo, Pauper, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

David Longwill, MB & Cm.

DATED this Seventh day of May One thousand eight hundred and eighty four.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William James Monteith (1) Armorary Sheriff-Substitute,
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3). Miles McInnes
Inspector of Poor, Dumfries
Certificates under the hands of David Longwill
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) Agnes Henderson or McMurdo, widow, 4 Stonelaw Road, Rutherglen and that the said Agnes Henderson or McMurdo, a (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 Henderson or McMurdo as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Henderson or McMurdo, which accompanied the said Petition.

DATED this Seventh day of May One thousand eight hundred and eighty four.

W. H. Smith

To the Superintendent of the (7) Public
Asylum of
Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

No 7416

Agnes Henderson or McMurdo

9th May 1881

[FORM B²] 7799

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned James McCulloch, Inspector of Poor of Glasserton, being desirous to transfer Bridget Mary Joseph Quinn or McGuffie, at present a Patient in The Royal Asylum, Aberdeen, and (¹) a Pauper Lunatic of the Parish of which I am Insp. from the said Asylum to the Southern Counties Asylum, Dumfries, hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Bridget Mary Joseph Quinn or McGuffie, and a Medical Certificate with respect to her mental and bodily condition.

(¹) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

James McCulloch.
Inspector of Poor of Glasserton

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Whithorn this 19th day of April One thousand eight hundred and Eighty Four.

STATEMENT.

1. Christian Name and Surname of Patient at length,	Bridget Mary Joseph Quinn or McGuffie,
2. Sex and Age,	Female. 41. years.
3. Married, Single, or Widowed,	Widowed.
4. Condition of Life, and Previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Roman Catholic.
6. Date of Admission into Asylum,	23 June 1881.
7. Length of time Insane,	See No 6
8. Whether first Attack,	Supposed to be No
9. Age (if known) on first Attack,	38 years
10. Duration of existing Attack,	See No 6
11. Supposed Cause,	Not Known
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	No
14. Whether Dangerous to others,	No
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Glasserton, Wigtownshire.
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	There are Three Children, issue of her marriage - One Boy of which, is at a Military School, the other two, a Boy & Girl are in the Roman Catholic orphanage, Aberdeen, not known.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) James McCulloch

DATED this Nineteenth day of April One thousand eight hundred and Eighty Four.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Wm Reid being (1) Doctor of Medicine & Aberdeen University hereby certify that I have this day at (2) the Royal Asylum Aberdeen personally examined Bridget M. J. Quinn or McGuffie at present a Patient in said Asylum, and with respect to his Mental State that She talks incoherently. that among many muddled ideas entertained by her She believe herself to be Queen Victoria. ; and with respect to his Bodily Health and Condition that they are good.

(1) State Medical Qualification.
(2) Name Asylum.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Southern Counties Asylum Dumfries.

Wm Reid MD

Dated this twenty-first day of April One thousand eight hundred and eighty four.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

No 2414 18th May 1884

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

Application having been made to the Board by (1) the Inspector of Poor of the parish of Glassarton to authorize the transfer of Bridget Mary Joseph Quinn or McGuffie from Aberdeen Royal Asylum to Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Bridget Mary Joseph Quinn or McGuffie as requested.

(2) Valid for fourteen days from date.

Commissioner.

Dated at Edinburgh, this 29th day of April, One thousand eight hundred and eighty-four.

Date of Sheriff's Order
24th June 1881.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries and Galloway *and his Substitutes,*—

The Petition of John Sowden Inspector of Poor, Urr.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Paton

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) ~~Guardian~~ ~~Patient~~ Pauper

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Paton to the Southern Counties asylum — and to sanction his admission into the said Asylum.

John Sowden Inspector

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 16th (4) day of May — One thousand eight hundred and 84

STATEMENT.

If any 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 Paton
2. Sex and Age,	Male aged 20
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Granite worker
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	17 years in present residence
7. Place where Found and Examined,	Dalbeattie.
8. Length of time Insane,	about two weeks
9. Whether First Attack,	yes
0. Age (if known) on First Attack,	—
1. When and where previously under Examination and Treatment,	—
2. Duration of Existing Attack,	~~Two weeks.~~
3. Supposed Cause,	—
4. Whether subject to Epilepsy,	no
5. Whether Suicidal,	no
6. Whether Dangerous to others,	—
7. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Urr
8. Date of becoming Chargeable,	15th May 1884
9. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Paton. Father with whom Patient resides no —
0. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 16th day of May One thousand eight hundred and 84

(*To be signed by Party applying*) John Sowden Insp.

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 McFarlan M.B. ——— being a (1) Bachelor of Medicine 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) Union Street Dalkeith ——— in the County of Kirkcudbright ——— separately from any other Medical Practitioner, visited and personally examined (4) James Paton, Union Place Dalkeith (A Pauper) ——— and that the said James Paton ——— is a (5) person of unsound mind ——— and a proper Person to be detained under Care and Treatment, 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 personally examined him in the Lunatic Room —

(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 labours under delusions & that he has both violent attacks.

Name and Medical Designation, Robert McFarlan M.B.

Place of Abode, Dalkeith

DATED this fifteenth day of May One thousand eight hundred and Eighty 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.

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) General Practitioner ——— hereby certify, on soul and conscience, that I have this day, at (3) Union Street Dalkeith ——— in the County of Kirkcudbright ——— separately from any other Medical Practitioner, visited and personally examined (4) James Paton, ——— and that the said James Paton ——— is a (5) person of unsound mind ——— and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Found him foaming at the mouth very violent — said I had been drunk & given him a dose of poison, — that he was in an ecstacy and saw angels. — that he had a mission from God to kill those who persecuted him, — that if any person came near him he would pull down the house and go to hell. —

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His father told me that he had been very furious last night and had to keep him in the house by force, — that he tried to bite him, — His mother told me that he had struck her several times, —

Name and Medical Designation, John Paterson Lewis M.B.

Place of Abode Dalkeith,

DATED this Fifteenth day of May, One thousand eight hundred and Eighty four, —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) - Sheriff Substitute,
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) John Lowden
Inspector of Poor, Urr,
Certificates under the hands of Robert M'Kechar,
and John Patteson Lewis, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
James Paton Granite Worker Balbeattie Parish and that the said
James Paton, is a (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 Paton, as a Patient into the (6) Public Asylum of Southern Counties, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Paton which accompanied the said Petition.

DATED this sixteenth day of May One thousand eight hundred and eighty four.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

~~No 2288~~
2718

No 2718
James Paton
16th May 1884

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) *of* Dumfries & Galloway *and his Substitutes,—*

The Petition of Robert Richardson Douglas, 35 Castle Street, Liverpool, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John George Douglas, Hartlepool, your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John George Douglas to the Crighton Royal Institution and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Robert R Douglas

DATED this Nineteenth (4) day of May One thousand eight hundred and eighty ~~three~~ four.

(4) The date of the Petition must be within a fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John George Douglas
2. Sex and Age,	Male
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Custom House Clerk
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Hartlepool Cured at Dumfries
7. Place where Found and Examined,	~~not known~~ found at Hartlepool
8. Length of time Insane,	6 years. Improvement 1 year after attack May to Dec 1879
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	In 30th year
11. When and where previously under Examination and Treatment,	Durham County Asylum for Cert of 1 year Haydock Lodge Retreat since Dec 79
12. Duration of Existing Attack,	
13. Supposed Cause,	over-study.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	not known.
16. Whether Dangerous to others,	not known.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Revd James Douglas Hartlepool Father. The Petitioner 35 Castle St Liverpool Brother. Father had severe attack of nervousness from same cause, but recovered after four or five years.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Nineteenth day of May One thousand eight hundred and eighty ~~three~~ four.

(*To be signed by Party applying*) Robert R Douglas

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Smith Kerr being a (1) Graduate of Glasgow University &c and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 20 Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John George Douglas and that the said John George 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Absent. Vacant Expression. Imbecile. Talks constantly and quite incoherently.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Attendant says he has talked as above since he sent him at Carlisle.

Name and Medical Designation, W. S. Kerr M.D. &c

Place of Abode, Dumfries

DATED this 19th day of May One thousand eight hundred and Eighty 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, James Hunter Dryden being a (1) Licentiate of the Royal Colleges of Surgeons & Physicians Edinburgh and being in actual practice as a (2) physician & surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John George Douglas, and that the said John George 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His expression is dull & stupid; he says that he has, several times proposed marriage to the Princess of Wales. He also says that he has no friends or relations alive.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

~~Attendant states he~~

Name and Medical Designation, J. Hunter Dryden L.R.C.P.

Place of Abode

DATED this nineteenth day of May One thousand eight hundred and eighty ~~four~~ years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Smith Kerr
being (1) Physician
hereby certify, on soul and conscience, that I have this day, at (2) 20 Castle St Dumfries
in the County of Dumfries, seen and personally examined
John George Douglas, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

W. S. Kerr MD &c

DATED this 19th day of May One thousand eight hundred and Eighty Four Years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff-Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Robert Richardson Douglas, 35 Castle Street, Liverpool,
Certificates under the hands of William Smith Kerr
and James Hunter Dryden, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John George Douglas of Hartlepool (Pitts Brown) and that the said John George 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 John George Douglas as a Patient into the (6) Public Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John George Douglas, which accompanied the said Petition.

DATED this Twentieth day of May, One thousand eight hundred and eighty four years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

John George Douglas

19 th May. 1884.

RECEIVED
15 MAY 84

APPLICATION

TRANSFER

I the undersigned

being desirous to tra

a present a Patient

Board to such

respect to his

Dated at

One thousand eight

1. Christian Name

length,

2. Sex and Age,

3. Married, Single,

4. Condition of Life,

(if any),

5. Religious Persuasio

6. Date of Admissio

7. Length of time

8. Whether first Attac

9. Age (if known) on

10. Duration of existing

11. Supposed Cause,

12. Whether subject to

13. Whether Suicidal,

14. Whether Dangerous

15. Parish to which the

Chargeable,

16. Christian Name

of Abode of

the Patient,

(if known), and

Family know

Insane,

I certify that, to

(To be signed

Dated this

hundred and

N.B.—The foregoi

whose care the Patient

PAROCHIAL BOARD RECEIVED 15 MAY. 84 Inspector's Department

7809

PAROCHIAL BOARD OFFICE 15 MAY.84 DUMFRIES.

[Form B[a]]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

GENERAL BOARD OF LUNACY 16 MAY 84 EDINBURGH

I, the undersigned Miles McJames Inspector of Poor Dumfries being desirous to transfer James Herries at present a Patient in Barony Parochial Asylum Woodilee Lenzie and (1) a Pauper Lunatic of this Parish of which I am Inspector of Poor from the said Asylum to the Dumfries and Southern Counties Asylum hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said James Herries and a Medical Certificate with respect to his mental and bodily condition.

(1) If Lunatic is not a Pauper: detained at my instance, or whose nearest known relative I am. If Lunatic is a Pauper: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

Miles McJames

(2) Inspector of Poor Dumfries

Dated at ~~Dumfries~~ this 15th day of May One thousand eight hundred and Eighty four

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

STATEMENT.

1. Christian Name and Surname of Patient at length,	James Herries
2. Sex and Age,	Male 37 yrs
3. Married, Single, or Widowed,	Married
4. Condition of Life, and Previous Occupation (if any),	Slater
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	7th May 1884
7. Length of time Insane,	
8. Whether first Attack,	Yes?
9. Age (if known) on first Attack,	35 yrs
10. Duration of existing Attack,	
11. Supposed Cause,	Epilepsy
12. Whether subject to Epilepsy,	Yes.
13. Whether Suicidal,	No at present
14. Whether Dangerous to others,	Yes
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
16 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Andrew Harris, Slater residing at 52 Academy St Dumfries

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) Miles McJames

Dated this 15th day of May One thousand eight hundred and eighty four

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned Robert Blair being (1) a graduate in Medicine & Surgery, Glasgow Univ. hereby certify that I have this day at (2) Woodilee Asylum, Lenzie personally examined James Harris at present a Patient in said Asylum, and with respect to his Mental State that he labours under epileptic mania. On the approach of an epileptic attack he becomes depressed, in a day or two violent excitement with delusions of hearing and taste ensue and he is then very dangerous; and with respect to his Bodily Health and Condition that they are fair, only, he is subject to epilepsy.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries

Robert Blair, M.D.

Dated this 12th day of May One thousand eight hundred and 84.

SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sheriff.*)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

No 2719 James Herries 21st May 84

Application having been made to the Board by (1) the Inspector of Poor, of the parish of Dumfries to authorize the transfer of James Herries (Harris) from Barony Parochial Asylum to Southern Counties Asylum, Dumfries and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said James Herries as requested.

John Sibbald Commissioner.

Dated at Edinburgh, this 16th day of May One thousand eight hundred and 84.

Date of Sheriff's Order:—

8th May. 1884.

Please fill in date

Enc

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

...f or Steward. ...or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~*the* (2)~~ Dumfries, and ~~*of*~~ Galloway *and his Substitutes,*—

The Petition of John Maxwell, Inspector of Poor Troquer humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Dowd your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Dowd to the Southern Counties Asylum and to sanction her admission into the said Asylum.

...te degree of ...hip or other ...n which Peti... ...nds to Luna...

John Maxwell.

...e date of the ...must be with... ...en clear days ... the dates of ...ical Certifi...

Dated this Thirtieth (4) day of May. One thousand eight hundred and eighty four years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

...istian Name and Surname of Patient at ...length,	Agnes Dowd.
... and Age,	Female. aged 28 past on the 7 Sept.
...rried, Single, or Widowed,	Single
...dition of Life, and previous Occupation (if any),	Formerly a Domestic servant.
...igious Persuasion, so far as known,	Roman Catholic.
...vious Place of Abode,	23 Glasgow Street. Maxwelltown.
...ce where Found and Examined,	15 King Street. Maxwelltown.
...ngth of time Insane,	about 2 years.
...ether First Attack,	second attack.
...e (if known) on First Attack,	about 26 years.
...en and where previously under Examination and Treatment,	Was in the S.C. Asylum till 11 Sept last.
...ration of Existing Attack,	Has never been right since liberation.
...pposed Cause,	None known.
...hether subject to Epilepsy,	No.
...hether Suicidal,	No
...hether Dangerous to others,	not much. has threatened her Mother.
...rish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Kirkmichael Dumfries-shire
...te of becoming Chargeable,	11 September. 1882.
...ristian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Father, Mother, and part of family reside at 15 King St. Maxwelltown. Has a sister named Helen. aged 27 who has been upwards of 4 years in Asylum
...ecial circumstances (if any) preventing the insertion of any of the above particulars,	None.

...certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 30th day of May. One thousand eight hundred and eighty four

(*To be signed by Party applying*) John Maxwell, Inspr of Poor. Parish of Troquer.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Hunter Dryden
being a (1) Licentiate of the Royal College of Physicians Edinr.
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 15 King Street
Maxwelltown, Dumfries-
Kirkcudbright- in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Agnes Dowd, a pauper.
and that
the said Agnes Dowd is a (5) person of unsound
mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Her expression indicates mental disorder, she cannot talk coherently She is restless and excited at times & distrusts those about her.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her mother informs me that she is very violent at times, and has threatened to murder those living in the house

Name and Medical Designation, J Hunter Dryden M.B. L.R.
Place of Abode, 39 Castle Street Dumfries

DATED this 29th day of May One thousand eight hundred and eighty 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.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Cunningham
being a (1) Licentiate of the Royal Colleges of Physicians Surgeons Edinburgh & Glasgow
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 15 King St-
Maxwelltown
Kirkcudbright in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Agnes Dowd, Domestic Servt
15 King St Maxwelltown, Pauper, and that
the said Agnes Dowd is a (5) person of
unsound mind and a proper person to be detained
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 facial expression indicates mental disorder,

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her mother informs me that her daughter Agnes is very violent at times & has threatened the inmates of her own house. She was an inmate of the Dumfries Counties Asylum for a period of nearly 2½ years

Name and Medical Designation, John Cunningham M.D. L.R.C.S.
Place of Abode 55 Buccleuch Street, Dumfries

DATED this Thirtieth day of May One thousand eight hundred and Eighty four years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Hunter Dryden
being (1) Licentiate of the Royal college Physicians Physicians Edinr
hereby certify, on soul and conscience, that I have this day, at (2) 15 King St Maxwelltown
in the County of Kirkcudbright, seen and personally examined
Agnes Bond, a pauper, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

J Hunter Dryden M.R.C.P.Ed.

DATED this 29th day of May One thousand eight
hundred and eighty four years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute,
of the (2) county of Dumfries
having had produced to me, with a Petition at the instance of (3) John Maxwell,
Inspector of Poor Dumfries,
Certificates under the hands of James Hunter Dryden,
and John Cunningham, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Agnes Bond, 15 King Street, Maxwelltown, pauper, and that the said
Agnes Bond, is a (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 Bond, as a Patient into the (6) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Bond, which accompanied the said Petition.

DATED this Thirtieth day of May, One thousand eight
hundred and eighty four years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 7421.
Agnes Powell
20th May 1884.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff ——— *of* ~~the (2)~~ Dumfries and Galloway at Dumfries; — *and his Substitutes,*—

The Petition of George Elliott, 47 Rosedale Terrace, New:castle on Tyne, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Clark Elliott, ——— your Petitioner's (3) wife ——— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Clark Elliott ——— to the Crichton Royal Institution, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Luna.

George Elliott

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this fifth (4) day of June ——— One thousand eight hundred and eighty four years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1	Christian Name and Surname of Patient at length,	Helen Clark Elliott.
2	Sex and Age,	Female. 45 years.
3	Married, Single, or Widowed,	Married.
4	Condition of Life, and previous Occupation (if any),	Gentlewoman.
5	Religious Persuasion, so far as known,	Protestant.
6	Previous Place of Abode,	47 Rosedale Terrace. Newcastle
7	Place where Found and Examined,	Found at Newcastle: Exd. at Dumfries.
8	Length of time Insane,	3 months
9	Whether First Attack,	Yes
10	Age (if known) on First Attack,	45 years
11	When and where previously under Examination and Treatment,	———
12	Duration of Existing Attack,	3 months
13	Supposed Cause,	Change of Life
14	Whether subject to Epilepsy,	No
15	Whether Suicidal,	Yes
16	Whether Dangerous to others,	No
17	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	———
18	Date of becoming Chargeable,	
19	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	George Elliott 47 Rosedale Terrace Newcastle on Tyne Husband. Aunt was for a time Insane.
20	Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Fifth day of June ——— One thousand eight hundred and Eighty four

(*To be signed by Party applying*) George Elliott

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Thomson
being a (1) Doctor of Medicine of Glasgow University and Surgeon
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries, in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Helen Clark Elliott, Gentlewoman, 47 Rosedale Terrace Newcastle on Tyne and that the said Helen Clark Elliott is a (5) person of Unsound Mind and a proper Person to be detained under Care and Treatment, 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 [illegible] prepared and melancholic condition refuses to engage in conversation if so only in monosyllables.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

—

Name and Medical Designation, Alex Thomson [illegible]

Place of Abode, Castle St Dumfries

DATED this Sixth day of June One thousand eight hundred and eighty-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, James Hunter Dryden,
being a (1) Licentiate of the Royal College of Physicians & Surgeons Edinr P.
and being in actual practice as a (2) General medical practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Helen Clark Elliot
and that the said Helen Clark Elliot is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She is very melancholic & dispondent, and will not engage in conversation. She looks dull and dejected, & will not take her food.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

—

Name and Medical Designation, J Hunter Dryden LRCP[illegible]

Place of Abode 39 Castle Street, Dumfries

DATED this fifth day of June One thousand eight hundred and eighty four years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Rutherford
being (1) a Fellow of the Royal College of Physicians of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) the Crichton Royal Institution
in the County of Dumfries, seen and personally examined
Mrs Helen Clark Elliott, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Rutherford M.D.

DATED this fifth day of June One thousand eight hundred and Eighty four.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Bruce, Esquire, (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) George Elliott Esq Rosedale Lunacy Newcastle-on-Tyne, Certificates under the hands of Alexander Thomson, and James Hunter Gordon, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Clark Elliott Esq Rosedale Lunacy Newcastle-on-Tyne and that the said Helen Clark Elliott is a (5) person of unsound mind (Patient only) and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Clark Elliott 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 Helen Clark Elliott which accompanied the said Petition.

DATED this fourth day of June One thousand eight hundred and eighty four years.

James Bruce H.S.S.

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1868.

June 5. 1884

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) County~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of James Laurie, Inspector of Poor, Dunscore, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Haining ~~your Petitioner's~~ (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Haining to the Southern Counties Asylum, and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Laurie

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Sixth (4) day of June One thousand eight hundred and eighty 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 Haining
2. Sex and Age,	Male aged 55 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Labouring man
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dempsterton
7. Place where Found and Examined,	Lochenlee
8. Length of time Insane,	Symptoms have been observed 8 days
9. Whether first Attack,	Third attack
10. Age (if known) on first Attack,	49 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum, last discharged on probation 31st Jan. 1883
12. Duration of existing Attack,	about eight days
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Tendency to be so.
16. Whether Dangerous to others,	Not marked
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dunscore.
18. Date of becoming Chargeable,	5th June 1884
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mother—Elisabeth Haining No other member insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Sixth day of June One thousand eight hundred and eighty four

(*To be signed by Party applying*) James Laurie

P. p

1868
June 5 1884

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or 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 Callender

being a (1) Bachelor of Medicine of the University of Edin

and being in actual practice as a (2) General Practitioner

hereby certify, on soul and conscience, that I have this day, at (3) Lochanley

in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Haining

and that the said John Haining is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Sits about in a dirty state and dejected. Refuses to go out because he says he fancies every person he meets is looking at him. Fancies he has tempted to do certain things by the devil.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Told by his mother that he pointed to a tree this morning and hinted pretty plainly at self destruction.

Name and Medical Designation, James Callender M

Place of Abode, Dunscore, Dumfriesshire

Dated this 5th day of June One thousand eight hundred and eighty 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 T. Wilson

being a (1) Bachelor of Medicine and Master in Surgery of the University of Edinburgh

and being in actual practice as a (2) General Practitioner

hereby certify, on soul and conscience, that I have this day, at (3) Lochanley

in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Haining

and that the said John Haining is a (5) person of unsound mind and a proper person to be detained 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 low and dejected sits about and will not go out among people as he thinks everybody is looking at him. He describes himself as frequently possessed by various "notions" which "run through his mind" which he has no control over. He says the most prominent is "Old Nick" wants him.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His mother tells me that he becomes excited sometimes and will not go out but wants to be taken away somewhere where he may be watched as he fears he may do himself or others mischief.

Name and Medical Designation, James T. Wilson MB &

Place of Abode, Carruthers House Glencairn

Dated this 5th day of June One thousand eight hundred and eighty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stobie — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) James Lawrie Inspector of Poor Dumfries Certificates under the hands of James Callender and James S. 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) John Fleming Labourer Lochmaben Dumfriesshire and that the said John Fleming, — is a (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 Fleming, as a Patient into the (6) Public — Asylum of Southern Counties 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 John Fleming, which accompanied the said Petition.

DATED this Sixth day of June, — One thousand eight hundred and eighty four years.

David Boyle Stobie

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No. 7492.

Ann Adrienne Vincent

6th June 1864

1. Christian Name and
length, .
2. Sex and Age,
3. Married, Single, or W
4. Condition of Life, and
[Family],.
5. Religious Persuasion,
6. Previous Place of Abo
7. Place where Found an
8. Length of time Insane,
9. Whether First Attack,
10. Age (if known) on Firs
11. When and where previ
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. Date of becoming Char
19. Christian Name and Su
Abode of nearest kn
Patient, and degree
known), and whether
Family known to be
sane,
20. Special circumstances (if
insertion of any of th

I certify, that, to the

Dated this 6

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries and Galloway and his Substitutes,—

The Petition of Chas Finlayson

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Gourlay or Douglas your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Gourlay or Douglas to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

C. Finlayson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 6th (4) day of June One thousand eight hundred and eighty 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,	Jane Gourlay or Douglas
2. Sex and Age,	Female 45 year
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Torwood Kirkcudbright
7. Place where Found and Examined,	
8. Length of time Insane,	
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,	eight days
13. Supposed Cause,	
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	~~Balmaghie~~ Kirkcudbright
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	George Gourlay Townend Kircudbright Husband.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 6th day of June One thousand eight hundred and eighty four

(*To be signed by Party applying*) C. Finlayson

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Wm Johnstone M.D. being a (1) physician & Surgeon. M.D. of Edinb.

and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Lock up High Street. Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Janet Gourlay or Douglas Pauper and that the said Janet Gourlay or 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) That she is violent in her conduct. attacking all she comes in contact with &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Janet Gourlay or Douglas

Name and Medical Designation, Wm Johnstone M.D.

Place of Abode, Kirkcudbright

DATED this 6th day of June One thousand eight hundred and eighty 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.

I, the undersigned, James Moffat, M.B.C.M. 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) the Lock up Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Janet Gourlay or Douglas Pauper and that the said Janet Gourlay or 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is most outrageous in her conduct, both in language and manner. In fact she is just as daft as it is possible for a woman to be &c

(7) *State the information, and from whom derived.*

2. ~~Other Facts (if any) indicating Insanity~~ communicated to me by others: (7)

Name and Medical Designation, James Moffat M.B.C.

Place of Abode Church Place - Kirkcudbright

DATED this Sixth day of June One thousand eight hundred and Eighty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Nicolson (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Charles Finlayson Inspector of Poor for the parish of Kirkcudbright
Certificates under the hands of William Johnston
and James Moffat , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Gourlay or Douglas a Pauper and that the said Janet Gourlay or 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 Janet Gourlay or Douglas as a Patient into the (6) the Southern Counties 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 Janet Gourlay or Douglas which accompanied the said Petition.

DATED this sixth day of June One thousand eight hundred and Eighty four.

Alex Nicolson

To the Superintendent of the (7) Southern Counties *Asylum of* Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

No 2423

Janet Douglas or
Gourlay, Kirkcudbright.
6th June 1884

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — *of the* (2) ~~County~~ of Dumfries *Galloway and his Substitutes.*—

The Petition of Richard Brown Inspector of Poor Kirkpatrick Fleming humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Rae ____ your Petitioner's (3) Pauper ____ is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Rae ____ to the Southern Counties Asylum ____ and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Richard Brown

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Seventh (4) day of June — One thousand eight hundred and Eighty four 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 Rae
2. Sex and Age,	Female age 54 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	House Keeper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Highmoor
7. Place where Found and Examined,	West Gill
8. Length of time Insane,	25 years.
9. Whether First Attack,	No
10. Age (if known) on First Attack,	32 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
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,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Kirkpatrick Fleming
18. Date of becoming Chargeable,	September 1883
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Rae Highmoor None known to have been insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 7th day of June — One thousand eight hundred and Eighty four years.

(*To be signed by Party applying*) Richard Brown Inspector of Poor
Kirkpatrick Fleming 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 Carruthers
being a (1) Lic. Roy. Coll. Phys: Edinb: Lic: Fac: Phys: Surg: Glas:
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Westgill
Dumfries
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Rae, Westgill, pau
and that
the said Margaret Rae is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Patient is dull and depressed; wont converse; says she is not well but cannot state how she suffers.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mr Rae Snr says that patients conduct has been very strange lately, she made repeated attempts to kindle a fire out of doors; getting up at unusual hours of the night & going about the house.

Name and Medical Designation, William Carruthers M.B.C.M.

Place of Abode, Kirkpatrick Fleming

DATED this 6th day of June One thousand eight hundred and eighty 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.*

I, the undersigned, Daniel Mackenzie
being a (1) Bachelor of Medicine & Master in Surgery of the Edinburgh University
and being in actual practice as a (2) Physician & Surgeon.
hereby certify, on soul and conscience, that I have this day, at (3) Annan
Dumfries
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Rae of Westgill
pauper.
and that
the said Margaret Rae is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, 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 everything & everybody — inability to answer ordinary questions.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Several times previously confined in an asylum.

Name and Medical Designation, D. Mackenzie MB.

Place of Abode Annan.

DATED this seventh day of June One thousand eight hundred and eighty four years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned William Carruthers being (1) Lic: Roy: Coll: Phys: Edinr: & Lic: Fac: Phys: & Surg: Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Westgill in the County of Dumfries, seen and personally examined Margaret Rae, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Carruthers

DATED this 6th day of June One thousand eight hundred and eighty four

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Esquire (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Richard Brown, Inspector of Poor, Kirkpatrick-Fleming Certificates under the hands of William Carruthers, ~~F.R.~~ and Daniel Mackenzie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Rae, ~~Highmoor~~ Kirkpatrick-Fleming aforesaid and that the said Margaret Rae is a (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 Rae as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Rae which accompanied the said Petition.

DATED this Tenth day of June One thousand eight hundred and eighty four years

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No. 2724.

Margaret Rae

Pauper

7th June 1884

Kirkpatrick Fleming

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *Gallowa and his Substitutes,—*

The Petition of William Davidson Inspector of Poor Dornock humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Simon Riley, your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Simon Riley to the Southern Counties, Asylum, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 9th (4) day of June — One thousand eight hundred and 84. Wm Davidson

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Simon Riley
2. Sex and Age,	Male 27.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Not Known.
6. Previous Place of Abode,	Dublin
7. Place where Found and Examined,	Parish of Dornock
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,	Not Known.
13. Supposed Cause,	Alcoholic Liquor
14. Whether subject to Epilepsy,	—
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dornock
18. Date of becoming Chargeable,	9th June 1884
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Not Known.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 9th day of June — One thousand eight hundred and

(*To be signed by Party applying*) Wm Davidson

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an Idiot, *or* a person of unsound mind.

I, the undersigned, being a (1) R Bailie Macbean Bachelor of medicine & Master in Surgery and being in actual practice as a (2) General Medical practit 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) Simon Riley and th the said Simon Riley is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
generally incoherent talk - & confu of ideas generally, Speaks of walk from Dublin to Annan.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Riley Constable ~~Inspector~~ Kirkpatrick mentions findi him running about naked in the Cou in a wood - He attempted to jump over bridge, it was thought to drown himself

Name and Medical Designation, R Bailie Macbean

Place of Abode, Annan

DATED this ninth day of June One thousand eigh hundred and eighty 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.

I, the undersigned, Rob Williamson being a (2) Licentiate of the Royal Col. Surgns Edin and being in actual practice as a (2) General Practition 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) Simon Riley and that the said Simon Riley 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 ideat appearance

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) a
Told by Police Office that he was found naked this morning wander in the fields,

Name and Medical Designation, Rob Williamson

Place of Abode: Church Place An

DATED this Ninth day of June One thousand eight hundred and Eighty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (3)
of the (4) County of Dumfries Sheriff Substitute
having had produced to me, with a Petition at the instance of (5) William Davidson,
Inspector of Poor, Dumfries
Certificates under the hands of R. Baillie Maclean —
and Thomas Williamson —, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Simon Riley Labourer Dumfries (a Pauper) and that the said
Simon Riley — is a (7)
Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Simon Riley — as a Patient into the (8) Public — Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Simon Riley, — which accompanied the said Petition.

DATED this Ninth day of June — One thousand eight hundred and eighty four.

David Boyle Hope

To the Superintendent of the (9) Public
Asylum of Southern Counties,
Dumfries.

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(8) Public, District, Parochial, *or* Private.
(9) Public, District, Parochial, *or* Private.

Potnock

No 7495.

Simon Riley

Pauper

9th June 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]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) County~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of Francis Ker, Inspector of Poor, Gretna,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Steel, Rigg of Gretna,

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Steel to the Southern Counties Asylum, Dumfries and to sanction His admission into the the said Asylum.

Francis Ker

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eighteenth (4) day of June One thousand eight hundred and Eighty four yrs.

STATEMENT.

If any 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 Steel
2. Sex and Age,	Male 54. Years
3. Married, Single, or Widowed,	Married, but not living with wife
4. Condition of Life, and previous Occupation (if any),	Tailor
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Rigg of Gretna
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	about 3 weeks
9. Whether first Attack,	Fourth attack
10. Age (if known) on first Attack,	46. years
11. When and where previously under Examination and Treatment,	Southern Counties asylum 3 weeks
12. Duration of existing Attack,	
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	Do
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	not sure
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Gretna
18. Date of becoming Chargeable,	June 6th 1884.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Isabella Steel, Daughter, Rigg of Gretna, no other Members of the family
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eighteenth day of June One thousand eight hundred and Eighty four

(To be signed by Party applying) Francis Ker,

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 Carmichael being a (1) Lic: Fac: Phys & Surg: Glasg: & Lic: Roy: Coll: Phys: Edin
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Rigg of Gretna in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Steel, Pauper, Rigg of Gretna, and that the said William Steel is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Patient is more dull than usual – says he cannot work on account of a confused state of his mind – says he has no heart to go about –

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His daughter says she has noticed him become more depressed looking lately – and that he sleeps badly at nights

Name and Medical Designation, William Carmichael L.R.C.P.E.

Place of Abode, Kirkpatrick Fleming

DATED this seventeenth day of June One thousand eight hundred and eighty 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 Barlow Gass being a (1) Lic: Roy. Coll. Phys: & 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) Rigg of Gretna in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Steel, pauper, Rigg of Gretna, and that the said William Steel is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Patient is very melancholy and complains of being very nervous – Complains of a feeling of pain in head, confusion of ideas.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her daughter says they have noticed him much altered in his manner lately, being very low spirited and does not sleep well at night –

Name and Medical Designation, J Barlow Gass

Place of Abode, Eccleshall

DATED this seventeenth day of June One thousand eight hundred and eighty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Carruthers being (1) Lic Roy Coll Phys Edin! & Lic Fac Phys & Surg Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Rigg of Gretna in the County of Dumfries, seen and personally examined William Steel, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Carruthers

DATED this seventeenth day of June One thousand eight hundred and eighty four

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Francis Kerr Inspector of Poor Gretna Certificates under the hands of William Carruthers and James Barton Gass, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Steel Tailor Rigg of Gretna (a Pauper) and that the said William Steel, — is a (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 Steel 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 William Steel, — which accompanied the said Petition.

DATED this Eighteenth day of June — One thousand eight hundred and eighty four.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 3476

William Steel

Pauper Gretna

15th June 1864

Sheriff Court of Dumfries and Galloway at Stranraer

In the Application at the instance of John Marquis Rankin, Procurator Fiscal of Court, for the public interest, under the Act 25 and 26 Victoria., Cap 54., § 15; regarding Samuel Gracie a lunatic.-

Order.

Stranraer 18th June 1884. The Sheriff Substitute, having in the said application, under the provisions of the Act 25 and 26 Victoria; cap 54; sect" 15; this day committed Samuel Gracie, a lunatic, to the Southern Counties Asylum for lunatics at Dumfries, Authorises the Superintendent of said Asylum to receive the said Samuel Gracie, accordingly, to be detained until his cure, or until Caution shall be found for

W. M'Gibbon

for his safe Custody, in terms of the Statute: Also Authorises the transmission of said Lunatic to the said Asylum.-

N. McGibbon

№ 2427.

Order

for the

Committal of Samuel Gracie a lunatic to the Southern Counties Asylum for Lunatics at Dumfries at the instance of John Marquis Rankin Procurator Fiscal

18 June 1884

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — ~~of the (2) Counties~~ *of* Dumfries ~~Shire~~ Galloway *and his Substitutes,*—

The Petition of John Lowden Inspector of Poor Urr humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Carmichael or McThie, — your Petitioner's (3) ~~Pauper~~ Private is at present in a state of Mental Derangement, and 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 Carmichael or McThie — to the Southern Counties Asylum — and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Lowden Inspector

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 20th — (4) day of June — One thousand eight hundred and 84

STATEMENT.

If any 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 Carmichael or McThie
2. Sex and Age,	Female 39.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Farm Servant.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Monsewald.
7. Place where Found and Examined,	Dalbeattie
8. Length of time Insane,	November 1883
9. Whether First Attack,	No
10. Age (if known) on First Attack,	33.
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries. about a year.
12. Duration of Existing Attack,	Not known.
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Urr
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James McThie. Auchand. Alpine Terrace, Dalbeattie.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 20th day of June — One thousand eight hundred and 84 —

(*To be signed by Party applying*) John Lowden Inspector

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Robert McKinchan M.B. being a (1) Bachelor of medicine and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Alpine Terrace, Dalbeattie in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Margaret Cunnichan or McGhie and the said Margaret 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) Is maniacal incoherents & under delusions

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband informs me that she is violent at times & wanders about the town aimlessly

Name and Medical Designation, Robert McKinchan M.B.

Place of Abode, Dalbeattie

DATED this Nineteenth day of June One thousand eight hundred and Eighty 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.

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) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Alpine Terrace, Dalbeattie, in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Margaret McGhie, residing in Alpine Terrace, Dalbeattie and the said Margaret 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) Insane expression of face — talked in a wild, excited, mild manner, — thought that she was surrounded by enemies from whom she was satisfied god would protect her, — did not [illegible] the day of the week; & was not sure as to what month it is, —

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) I saw her yesterday with a barrow, spade & brush engaged at a distance from her house sweeping the street & clearing out the water table, — Her husband says that she will not attend to household work & that she is often so excited that he has to hold her for half an hour or so, —

Name and Medical Designation, John Paterson Lewis M.B.

Place of Abode Dalbeattie

DATED this Nineteenth day of June One thousand eight hundred and Eighty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute,
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) John Lowden, Inspector of Poor Urr,
Certificates under the hands of Robert McKerchar,
and John Paterson Lewis, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Carmichael or McGhee, ~~Alpine~~ Terrace, Galbraith, and that the said Margaret Carmichael or McGhee is a (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 Carmichael or McGhee as a Patient into the (6) public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Carmichael or McGhee which accompanied the said Petition.

DATED this Twentieth day of June One thousand eight hundred and eighty four years.

David Boyle Hope

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, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 2728

Margt Carmichael or McGhie

Pauper Palbeattie

20 June 1884

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — *of* ~~the~~ (2) Dumfries and Galloway *and his Substitutes,*—

Langholm The Petition of Walter Scott. Holmfoot humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Euphemia Scott your Petitioner's (3) Sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Euphemia Scott to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Walter Scott.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 24th (4) day of June One thousand eight hundred and Eighty four 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,	Euphemia Scott
2. Sex and Age,	Female. 67 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	—
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Hawick
7. Place where Found and Examined,	Langholm
8. Length of time Insane,	Two Weeks
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	
13. Supposed Cause,	Cannot Say
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Walter Scott. Holmfoot. Brother, of the Patient. none that I am heard
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Ill

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 23rd day of June One thousand eight hundred and 84

(*To be signed by Party applying*) Walter Scott.

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 Destination and Residence, 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) Graduate of the University of Edinburgh & 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) Holmfoot Langholm Dumfries
in the County of
separately from any other Medical Practitioner
visited and personally examined (4) Euphemia Scott, Holmfoot Langholm
and that
the said Euphemia 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) Afflicted with Melancholy, is generally much depressed, conceives herself hopelessly lost — Imagines a number of her friends, through her carelessness, have died — Thinks she has been poisoned by a boy — Wanders about the house during distinction hours

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The above facts have been also communicated to me by Mrs W. Scott (sister in law)

Name and Medical Designation, W. Carlyle M.D.

Place of Abode, Langholm

DATED this 23rd day of June One thousand eight hundred and 84

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Destination and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, *or* a person of unsound mind.

I, the undersigned, John Gill
being a (1) Bachelor of Medicine & master in Surgery of Univ. & Licentiate of Royal College of Physicians & Surgeons
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Holmfoot Langholm Dumfries
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Euphemia Scott, Holmfoot, Langholm
and that
the said Euphemia 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)
I found her in a state of melancholia with delusions. She had lost her self respect & indeed was too wasted & feeble that she had many sores which were dirty & neglected & wanted dressing & bandaging & clothing & nursing for which she was ill fed. She sat rocking herself in the chair muttering to herself.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Walter Scott, brother, says she usually goes on as stated & wants nursing & feeding & thinks spirits. She can scarcely be got to take any food as she seems to be frightened it is not right. She wanders about the house wringing her hands.

Name and Medical Designation, John Gill, M.B.C.M.

Place of Abode Langholm

DATED this 24th day of June One thousand eight hundred and eighty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (2)
hereby certify, on soul and conscience, that I have this day, at (3)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(2) State medical qualification. (3) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Harries Shortt (1) Honorary Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Walter Scott, Holmfoot, Langholm
Certificates under the hands of William Johnstone Carlyle M.B. Edinburgh and John Gill , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Euphemia Scott Holmfoot Langholm (Petitioner Sister), and that the said Euphemia 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 Euphemia Scott as a Patient into the (6) Public Asylum of Southern Counties Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Euphemia Scott which accompanied the said Petition.

DATED this Twenty fifth day of June One thousand eight hundred and eighty four years.

W H Shortt

Clerk

To the Superintendent of the (7) Public
Asylum of Southern Counties Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 2729
Euphemia Scott
Private
26 June 1884

June 26 · 1884

[Form B²]

7826

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Andrew Denny Tolmie being desirous to transfer Alexander Tolmie at present a Patient in Murray Royal Asylum Perth, and (¹) whose nearest known relative I am from the said Asylum to the Crichton Royal Institution Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Alexander Tolmie and a Medical Certificate with respect to his mental and bodily condition.

(¹) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

Andrew D. Tolmie

(²) Brother of Alex Tolmie

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

Dated at Glasgow this 19th day of June 1884

One thousand eight hundred and

STATEMENT.

1. Christian Name and Surname of Patient at length,	Alexander Tolmie
2. Sex and Age,	Male - about 42.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Formerly Clerk.
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	10th April 1867
7. Length of time Insane,	?
8. Whether first Attack,	Yes
9. Age (if known) on first Attack,	?
10. Duration of existing Attack,	?
11. Supposed Cause,	Heredity.
12. Whether subject to Epilepsy,	No.
13. Whether Suicidal,	Yes.
14. Whether Dangerous to others,	Yes.
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	—
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of his Family known to be, or to have been Insane,	Andrew Denny Tolmie. Brother Maternal Uncle.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Andrew D. Tolmie.

Dated this 19th day of June One thousand eight hundred and Eighty four

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned Alexander Reid Urquhart being (1) M.D. Univ. Aberdeen hereby certify that I have this day at (2) Perth Royal Asylum personally examined Alexander Tolmie at present a Patient in said Asylum, and with respect to his Mental State that he is highly delusional in regard to his health and conduct, that he is subject to homicidal and suicidal impulse and generally weak minded ; and with respect to his Bodily Health and Condition that they are excellent

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries

A. R. Urquhart. Mn.

Dated this 20 day of June One thousand eight hundred and 84

1869
Alexander Denny Tolmie
27 June 1884

SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sheriff.*)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) Andrew Denny Tolmie to authorize the transfer of Alexander Tolmie from Perth Royal Asylum to Dumfries Royal Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Alexr. Tolmie as requested.

[signature] Commissioner.

Dated at Edinburgh, this 21st day of June, One thousand eight hundred and 84.

Date of Sheriff's Order:—
9th April, 1867

Return to Perth & oblige.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Dumfries and of Galloway and his Substitutes.

The Petition of Rowland Reed Inspector of Poor Cummertrees humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner's (3) Mary Little a pauper Lunatic chargable to the Parish of which I am Inspector is at present in a state of Mental Derangement, and 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 Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Rowland Reed

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 28th (4) day of June One thousand eight hundred and eighty 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,	Mary Litte
2. Sex and Age,	Female, 42 years
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	For 18 years an inmate of Southern Counties Asylum
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Southern Counties Asylum
7. Place where Found and Examined,	Do. Do.
8. Length of time Insane,	18 years
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	24 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of Existing Attack,	18 years
13. Supposed Cause,	Amenorhœa
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,	Cummertrees
18. Date of becoming Chargeable,	30th Jany 1863
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 28th day of June One thousand eight hundred and eighty four

(*To be signed by Party applying*) Rowland Reed

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 Hunter Dryden
being a (1) Licentiate of Royal College of Physicians Edinburgh
and being in actual practice as a (2) Physician Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) 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.:—

1. Facts indicating Insanity observed by myself: (6) she is dull stupid looking and cannot answer questions, is at times incoherent in speech.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, J Hunter Dryden M.D.

Place of Abode, 89 Castle Street, Dumfries

DATED this ~~third~~ 30th day of June One thousand eight hundred and eighty four 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.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Rutherford
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) Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary Little, a pauper, late resident in the Asylum
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.:—

1. Facts indicating Insanity observed by myself: (6) She is weak minded. has an enfeebled memory, and talks incoherently.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, James Rutherford M.D.

Place of Abode Crichton House, Dumfries

DATED this 27th day of June One thousand eight hundred and Eighty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Rutherford M.D.
being (1) a fellow of the Royal College of Physicians
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries
in the County of Dumfries, seen and personally examined
Mary Little, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Rutherford M.D.

DATED this 27th day of June One thousand eight hundred and Eighty four

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (3) Sheriff Substitute
of the (4) County of Dumfries
having had produced to me, with a Petition at the instance of (5) Richard Reid
Inspector of Poor Canonbie
Certificates under the hands of James Hunter Dryden
and James Rutherford, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Mary Little Southern Counties Asylum Dumfries & Galloway and that the said
Mary Little is a (7) person of unsound
mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Little as a Patient into the (8) Public Asylum of Southern Counties and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Little which accompanied the said Petition.

DATED this Twentieth day of June One thousand eight hundred and eighty four.

David Boyle Hope

To the Superintendent of the (9) Public
Asylum of
Southern Counties
Dumfries

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(8) Public, District, Parochial, or Private.
(9) Public, District, Parochial, or Private.

No. 2730,
Mary Little
Pauper Canonbie,
27th June
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]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the~~ (2) Dumfries ~~of~~ and Galloway —— *and his Substitutes,*—

The Petition of David Wallace, Inspector of Poor, Kirkcolm

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Hall, a pauper Lunatic of the

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

~~your Petitioner's~~ (3) Parish of which I am Inspector of Poor is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Hall —— to the Southern Counties Asylum —— and to sanction his admission into the said Asylum.

David Wallace

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Second (4) day of July —— One thousand eight hundred and Eighty 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 Hall
2. Sex and Age,	Male 32
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Baker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Poorhouse at Stranraer
7. Place where Found and Examined,	Southern Counties Asylum, Dumfries
8. Length of time Insane,	9 years
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
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,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcolm
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Father John Hall is said to reside at Douglas Head Isle of Man. Not known.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Second day of July —— One thousand eight hundred and 84

(*To be signed by Party applying*) David Wallace

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Dare MacDonald being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Hall Pauper Shawraer and that the said John Hall is a (5) Person of unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) is of a very peculiar appearance says he cannot help doing certain things which does not wish to do. he says he was dead. &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The attendant says he has been in this asylum previously

Name and Medical Designation, A D MacDonald

Place of Abode, 18 Castle St Dumfries

DATED this 30th day of June One thousand eight hundred and eighty four

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal Colleges of Surgeons & Physicians Edinburgh and being in actual practice as a (2) General medical practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties asylum, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Hall, a pauper and that the said John Hall is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His expression indicates insanity, he says he cannot sleep unless his shirt is turned inside out; he also says he died some years ago & was brought back to life a month after his decease.

(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, he has had previous residence in the Asylum

Name and Medical Designation, J Hunter Dryden LRCPI

Place of Abode 39 Castle Street, Dumfries

DATED this 30th day of June One thousand eight hundred and eighty four years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Hunter Dryden
being (1) Licentiate of the Royal Colleges of Surgeons & Physicians
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries
in the County of Dumfries, seen and personally examined
John Hall, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J Hunter Dryden PRCPSE?

DATED this 30th day of June One thousand eight hundred and eighty four years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Herries Shortt (1) Honorary Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) David Wallace, Inspector of Poor Kirkcolm,
Certificates under the hands of Alexander Dall MacDonald,
and James Hunter Dryden, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Hall Baker, Strauraer (a Pauper) and that the said John Hall, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Hall 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 Hall which accompanied the said Petition.

DATED this Third day of July One thousand eight hundred and eighty four.

W H Shortt

Cert. E.

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

№ 2731

Blue Hall

Pauper

Kirkolm

30th June 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]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the (2)~~ Dumfries and Galloway, *and his Substitutes,*—

The Petition of James Grieve, Inspector of Poor, Moffat,—

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Proudfoot—

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper,

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Proudfoot, to the Southern Counties Asylum and to sanction his admission into the said Asylum. Two words delete.

James Grieve

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Thirtieth (4) day of June One thousand eight hundred and Eighty Four 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 Proudfoot
2. Sex and Age,	Male — 45 years
3. Married, Single, or Widowed,	Widower.
4. Condition of Life, and previous Occupation (if any),	Mason.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Moffat.
7. Place where Found and Examined,	County Buildings, Dumfries.
8. Length of time Insane,	Cannot tell.
9. Whether First Attack,	Yes so far as known.
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	Not known.
12. Duration of Existing Attack,	—
13. Supposed Cause,	Not known.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	Yes might be.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Moffat.
18. Date of becoming Chargeable,	30th June 1884.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	May Moffat, Mother, residing in Reid's Entry, Moffat. None.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Thirtieth day of June,— One thousand eight hundred and Eighty Four years.

(*To be signed by Party applying*) James Grieve

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Alexander Dan Macdonald being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) County Buildings Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Broadfoot Pauper McNab and that the said James Broadfoot 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) I saw him on the 28th inst. at the Poorhouse Dumfries. He was talking incoherently. He told me that he had been appointed Inspector of Poor for the County of Dumfries by the Queen and that he had a commission from her to that effect. He also told me that he had been in communication with the Lord Provost of Edinburgh on the subject of his appointment. He was dressed in a very peculiar manner. He had a piece of red flannel round his neck and a piece of white flannel round his head. He was also wearing a pair of white cotton gloves.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) I have been informed by Mr Scott Inspector of Poor for the County of Dumfries that the said James Broadfoot has been wandering about the Burgh of Dumfries and the surrounding district for the last eight days. He has been in a state of excitement. He was visited by the Inspector of Poor on the 28th inst. at the Poorhouse Dumfries.

Name and Medical Designation, Alex Macdonald

Place of Abode, Dumfries

DATED this 30th day of June One thousand eight hundred and eighty 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.

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 County Buildings Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Broadfoot Pauper McNab and that the said James Broadfoot 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) Says that he has a gift of £1000 from a Lady from Edinburgh — other delusions.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Inspector of Poor states that he has delusions similar to those above.

Name and Medical Designation, Wm Scott MD

Place of Abode Dumfries.

DATED this 30th day of June One thousand eight hundred and eighty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, — (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) James Grieve, Inspector of Poor, Moffat, Certificates under the hands of Alexander Duff MacDonald, — 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) James Broadfoot, Messn Moffat (a pauper), and that the said James 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 James Broadfoot, as a Patient into the (6) Public Asylum of Southern Counties, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Broadfoot, which accompanied the said Petition.

DATED this Thirtieth — day of June, — One thousand eight hundred and eighty four. —

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 7439
James Knowlton
Pauper Mad Asylum
30th June
1873

(1) Sheriff or Steward.
(2) Name Surname.

A fine degree of
Intelligence or silver
equivalent which Pri-
vate stands to Lunac-
ie

(3) The date of the
Petition must be with-
in between nine days
before the date of
the Medical Certifi-
cate

1. Christian Name and S
length, .
2. Sex and Age, .
3. Married, Single, or W
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 Firs
11. When and where previ
ous 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 Chargeal
18. Date of becoming Char
19. Christian Name and Su
Abode of nearest kin
Patient, and degree
known), and whethe
Finally known to be
sane, .
20. Special circumstances (
insertion of any of th

I certify, that, to the

Dated this

Eighth

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the (2)~~ Dumfries and Galloway, *and his Substitutes,*—

The Petition of Wills McAdams, Inspector of Poor, Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Gilmour or Currie, your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Gilmour or Currie, to the Southern Counties Asylum, and to sanction her admission into the said Asylum. Two forms filed

Wills McAdams

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

DATED this Third (4) day of July — One thousand eight hundred and Eighty four years.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Gilmour or Currie,
2. Sex and Age,	Female: 53 years.
3. Married, Single, or Widowed,	Widow.
4. Condition of Life, and previous Occupation (if any),	Outworker.
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	98 St Michael St Dumfries
7. Place where Found and Examined,	
8. Length of time Insane,	Cannot tell
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	~~98 St Michael St~~
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	Cannot tell
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Dumfries.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	30th June 1874.
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Not known.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fourth day of June — One thousand eight hundred and Eighty four years

(*To be signed by Party applying*) Wills McAdams
Inspector
Dumfries

P.p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, 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) 98 St Michael Street, Dumfries, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Gilmour or Currie a pauper and that the said Margaret Gilmour or 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Talks incoherently; Seems restless and Cannot be pacified; has got on her dress and is determined to be away from her own home.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her neighbours State that she Cannot be restrained or kept in her own place.

Name and Medical Designation, W Marshall M.D.

Place of Abode, 24 Buccleuch St Dumfries

DATED this Thirtieth day of June, One thousand eight hundred and Eighty 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, Richard B. Lorraine being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Gilmour or Currie a pauper and that the said Margaret Gilmour or Currie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Tells me some one wanted to sell her when she was at home. was very nervous & frightened at night had delusions about people wanting to injure

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Richard B. Lorraine

Place of Abode 16 Castle St. Dumfries

DATED this second day of July One thousand eight hundred and eighty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorises the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Marshall
being (1) Graduate of the Faculty of Physicians & Surgeons Glasgow & College of
hereby certify, on soul and conscience, that I have this day, at (2) 98 St Michael St (St Andrews
in the County of Dumfries, seen and personally examined
Margaret Gilmour or Currie, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

W. Marshall M.D. &c

DATED this Thirtieth day of June One thousand eight
hundred and Eighty Four years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Charles Shortt Honorary Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Miles M'Linas
Inspector of Poor Dumfries
Certificates under the hands of William Marshall
and Richard B. Lorraine, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Gilmour or Currie, Widow 98 St Michael Street Dumfries (a Pauper) and that the said Margaret Gilmour or Currie is a (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 Gilmour or Currie as a Patient into the (6) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Gilmour or Currie which accompanied the said Petition.

DATED this Third day of July One thousand eight
hundred and eighty four.

W. C. Shortt

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 2433

Margt. Gilmour or Currie
Pauper
Dumfries
30th June 1884

7830.

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Margaret Hector, 3 Waverley Road Nairn being desirous to transfer John Hector at present a Patient in the Royal Edinburgh Asylum, and (¹) detained at my instance Crichton Royal Institution, Dumfries from the said Asylum to the hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said John Hector and a Medical Certificate with respect to his mental and bodily condition.

(¹) If Lunatic is not a Pauper: detained at my instance, or whose nearest known relative I am. If Lunatic is a Pauper: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

Margaret Hector

(²) mother

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Nairn this 24th day of June One thousand eight hundred and Eighty-four

STATEMENT.

1. Christian Name and Surname of Patient at length,	John Hector
2. Sex and Age,	Male aged 40
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Secretary & Treasurer of Bengal Bank India
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	12th January 1883
7. Length of time Insane,	about 2½ years
8. Whether first Attack,	First
9. Age (if known) on first Attack,	38
10. Duration of existing Attack,	about 2½ years
11. Supposed Cause,	supposed to be over-study. Probably also Syphilis with H.P.
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	No
14. Whether Dangerous to others,	Yes
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of his Family known to be, or to have been Insane,	Mrs Margaret Hector (mother) 3 Waverley Road, Nairn. Only sister is insane

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) Margaret Hector

DATED this 24th day of June One thousand eight hundred and Eighty-four

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned Thomas Smith Clouston being (1) a Fellow of the College of Physicians Edin. hereby certify that I have this day at (2) the Royal Edinb. Asylum personally examined John Hector at present a Patient in said Asylum, and with respect to his Mental State that he labours under the following insane delusions viz. that the Asylum is an institution kept up by an "Anglo-Indian conspiracy" to [illegible] him, that I give him poison in his food & [illegible] & that I allow females to be brought into his [illegible] at night for improper purposes while he is asleep; and with respect to his Bodily Health and Condition that ~~the~~ am ~~[illegible]~~ average except that he bears evidences of [illegible] syphilitic blood poisoning.

1870
John Hector
30 June 1884

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries

T. S. Clouston M.D. F.R.

Dated this 23rd day of June One thousand eight hundred and 84.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) Margaret Hector, Nairn, to authorize the transfer of John Hector from Royal Edinburgh Asylum to Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said John Hector as requested.

[illegible] Commissioner.

Dated at Edinburgh, this 25th day of June One thousand eight hundred and eighty four.

Date of Sheriff's Order:—

13th January 1883.

7840

GENERAL BOARD OF LUNACY
30 JUN 84
SCOTLAND

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Andw. D. Mackenzie F. C. Mans Kilmorack being desirous to transfer Alex. Flyter Mackenzie M B & M C Edin at present a Patient in Elmhill House Aberdeen, and (¹) father of the same from the said Asylum to the Christian Asylum Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said A. F. Mackenzie and a Medical Certificate with respect to his mental and bodily condition.

(¹) If Lunatic is not a Pauper: detained at my instance, or whose nearest known relative I am. If Lunatic is a Pauper: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

Andw. D. Mackenzie, father of the above
F. C. Manse near Beauly

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at 28th this day of June One thousand eight hundred and Eighty four

STATEMENT.

1. Christian Name and Surname of Patient at length,	Alexander Flyter Mackenzie.
2. Sex and Age,	M 27 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and Previous Occupation (if any),	Medical Practitioner.
5. Religious Persuasion, so far as known,	Free Church.
6. Date of Admission into Asylum,	26th February 1884.
7. Length of time Insane,	About fifteen months.
8. Whether first Attack,	Yes.
9. Age (if known) on first Attack,	26 years.
10. Duration of existing Attack,	See No 7
11. Supposed Cause,	Over Study & weak Constitution.
12. Whether subject to Epilepsy,	No.
13. Whether Suicidal,	No.
14. Whether Dangerous to others,	No.
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of his Family known to be, or to have been Insane,	The Revd A. D. Mackenzie Father Kilmorack F. C. Manse Beauly. None on either side

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant)

DATED this 28th day of June One thousand eight ~~Eighty four~~ hundred and Eighty four.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned Robert Jamieson M.D. being (1) a Graduate in Medicine of Edin. University hereby certify that I have this day at (2) Elmhill House. Aberdeen personally examined Alexander Flyter Mackenzie at present Patient in said Asylum, and with respect to his Mental State that he is liable to pequent ~~and undue~~ excitement with an undue estimation of his physical and mental abilities

; and with respect to his Bodily Health and Condition that they are good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum ~~of~~ at Dumfries

Robert Jamieson M.D.

1871 Alexander Flyter Mackenzie July 2. 1884

DATED this twentyseventh day of June One thousand eight hundred and Eighty four

THE

SANCTION _____ BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sheriff.*)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

Application having been made to the Board by Rev. Andrew. D. Mackenzie to authorize the transfer of Alexander Flyter Mackenzie from Aberdeen Royal Asylum to Dumfries Royal Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Alexander Flyter Mackenzie requested.

(2) Valid for fourteen days from date

[signature] Commissioner.

DATED at Edinburgh, this 30th day of June, One thousand eight hundred and 1884

Date of Sheriff's Order:—
25th February, 1884.

[FORM B²]

7842

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned James Dally, Inspector of Poor Stranraer being desirous to transfer Samuel Parks at present a Patient in Lunatic Wards of Wigtownshire Poor House and (¹) a Pauper Lunatic of the Parish of which I am Inspector of Poor from the said ~~Asylum~~ Poor House to the Southern Counties Asylum & Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Samuel Parks and a Medical Certificate with respect to his mental and bodily condition.

(¹) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

James Dally

(²) Inspector of Poor

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Stranraer this 28th day of June One thousand eight hundred and eighty four.

STATEMENT.

1. Christian Name and Surname of Patient at length,	Samuel Parks
2. Sex and Age,	male - 50
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	was nearly 17 years in Asylum prior to removal to Poor House on 1st May last
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	17 Aug 1867 to Southern Counties 1st May 1884 to Wigtownshire Poor House Lunatic Wards
7. Length of time Insane,	17 years - chargeable - Imbecile from Birth
8. Whether first Attack,	
9. Age (if known) on first Attack,	from Birth
10. Duration of existing Attack,	do
11. Supposed Cause,	do
12. Whether subject to Epilepsy,	Yes
13. Whether Suicidal,	No
14. Whether Dangerous to others,	Yes
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Stranraer
16 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Alexr Parks Greengraver Castle St Stranraer

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) James Dally

DATED this 28th day of June (1884) One thousand eight hundred and eighty four.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

No 3434
Samuel Parks
Pauper
Stranraer
3rd July
1884

MEDICAL CERTIFICATE.

I, the undersigned Hugh Cochrane
being (1) Licentiate of the Royal College of Physicians Edinburgh
hereby certify that I have this day at (2) Asylum Wards, Poorhouse, Str
personally examined Samuel Parks at present a
Patient in said Asylum, and with respect to his Mental State that he has been
in a state of unsound mind from birth. His
appearance is quite imbecile and does not
enter into any conversation

; and with respect to his
Bodily Health and Condition that he is subject to Epileptic
fits several times during the week. On the
approach and cessation of these fits he becomes
very bad tempered and dangerous to the Fe
inmates of the ward. His health is fairly go
and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Southern Counties
Asylum, Dumfries.

Hugh Cochrane L.R.C.P.

DATED this twenty eighth day of June One thousand eight
hundred and eighty four.

(1) State Medical Qualifications.
(2) Name Asylum.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

Application having been made to the Board by (1) the Inspector
of Poor, of the parish of Stranraer
to authorize the transfer of Samuel Parks
from Wigton Poorhouse, Stranraer, to Southern Counties Asylum, Dumfries and the Board having considered such application and
the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said
Samuel Parks as requested.

William Rutherfurd Commissioner.

DATED at Edinburgh, this 1st day of July One
thousand eight hundred and 84.

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Date of Sheriff's Order
16th August, 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]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries and Galloway
of Wigtown and his Substitutes,—

The Petition of Robert Clupton. Insp.r of Poor Newton
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Morrison or Irving
your Petitioner's (3) Registered Lunatic Pauper
is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Morrison or Irving to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Robert Clupton

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Third (4) day of July One thousand eight hundred and Eighty four years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Helen Morrison or Irving
2. Sex and Age,	Female - 64.
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Tailor's Widow — Dressmaker
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Poor Ho: Stranraer. (Lunatic Wards)
7. Place where Found and Examined,	Poor Ho: Stranraer " "
8. Length of time Insane,	13 1/2 years.
9. Whether First Attack,	yes.
10. Age (if known) on First Attack,	50
11. When and where previously under Examination and Treatment,	Glasgow. previous to admission to L W of Poor Ho: Stranraer -
12. Duration of Existing Attack,	13 1/2 years — becoming worse -
13. Supposed Cause,	unknown to me -
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,	New Luce -
18. Date of becoming Chargeable,	August 1870.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Irving. Tailor. Newton - Stewart. Wigtownshire - Son - no -
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Third day of July One thousand eight hundred and Eighty - four years.

(To be signed by Party applying) Robert Clupton
Insp.r of Poor P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, David Easton being a (1) Doctor of medicine & 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) The Wigtown Combination Poor house Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Helen Morrison or Irving, Lunatic Wards Poor house. and the said Helen Morrison or Irving (Pauper) of Unsound Mind is a (5) Person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is very excited - Talks in a rambling & incoherent manner. Labours under vanity & delusions. Says she is the Queen and all around her relations. When contradicted becomes sometimes [illegible] - Is very restless & walks constantly up & down the [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Nurse of the wards says she is very restless at [illegible] Sleeps little walks up & down the wards the most of the [illegible] sometimes shouting & talking nonsense. Is wild at [illegible] & resists when opposed.

Name and Medical Designation, David Easton

Place of Abode, Stranraer

DATED this third day of July One thousand eight hundred and eighty 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.

I, the undersigned, William McNeil being a (1) Doctor of Medicine of the University of Edinburgh and a Licentiate of the Royal College of Surgeons and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) The Wigtonshire Combination Poor House Stranraer. Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Helen Morrison or Irving Lunatic Wards Poor-House and the said Helen Morrison or Irving is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She talks in a low excited way. is occasionally irrational & incoherent. Maintains she "is a son of the Queen" & that Her Majesty is also a son of hers. that Mrs Charles - a Stranraer lady - is also Queen. & a near relative of hers. She has also other delusions.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Williamson Governor of the Poor House says Mrs Irving is [illegible] noisy and restless, disturbs the other inmates. does not sleep herself and keeps the other inmates awake. when asked to desist [illegible] wild and defiant. & &. The Nurse of the ward corroborates [illegible]

Name and Medical Designation, William McNeil. M.

Place of Abode Stranraer

DATED this third day of July One thousand eight hundred and eighty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Mc Gibbon (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Robert Lupton Inspector of Poor New Luce
Certificates under the hands of David Easton M.D. Stranraer
and William M'Neil M.D. Glenluce, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Morrison or Young a pauper in the Wigtown Combination Poorhouse and that the said Helen Morrison or 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 Helen Morrison or Young 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 Morrison or Young which accompanied the said Petition.

DATED this Second day of July One thousand eight hundred and eighty four

W. M'Gibbon

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 2435

Helen Morrison
or Irving
Pauper New Luce
4th July 1884

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway,

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) John B. Hutton, Tailor, 7 Leazes Terrace Newcastle-on-Tyne.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Elizabeth Hutton

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) wife

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Hutton to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

John B Hutton

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this seventh — (5) day of — July — One thousand eight hundred and eighty 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,	Elizabeth Hutton.
2. Sex and age,	female. age 34 on 11th January 84
3. Married, Single, or Widowed,	married
4. Condition of Life and previous Occupation (if any),	Wife of Tailor.
5. Religious Persuasion, so far as known,	Church of England
6. Previous place of abode,	19 Leazes Terrace Newcastle-on-Tyne
7. Place where found and examined,	
8. Length of time Insane,	about ten days
9. Whether First Attack,	first attack
10. Age (if known) on First Attack,	34 years —
11. When and where previously under Examination and treatment,	
12. Duration of Existing Attack,	
13. Supposed Cause,	nursing & anxiety about her children
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Sanderson, 3 St Thos Crescent Newcastle-on-Tyne father no member of family has been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventh day of July One thousand eight hundred and eighty four —

(To be signed by the Party applying). John B Hutton

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Newcastle-on-Tyne
2. Character of Education,	ordinary middle class
3. Is the natural disposition cheerful or melancholy—reserved or frank,	very shy & nervous about going out
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	steady
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	no
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	none
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	Mother dead, cause stoppage of [illegible] brother & sister died aged 2 & [illegible]
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	nursing infant & of mother [illegible] suffering from abscess in groin
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	depression & fancied she was [illegible] doing her duty to her children
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	want of appetite, sleepless nights, [illegible] off in flesh & costiveness
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	none
13. What changes have taken place in his bodily symptoms?	none
14. Is he dirty, destructive, untidy, or obscene?	no
15. Has he threatened or attempted violence to himself? If so, in what way?	pretended to be going to have ba[illegible] came back saying she had gone
16. Has he threatened or attempted violence to others? If so, in what way?	intention of destroying herself but did not do it
17. How long has he been insane?	about ten days

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, James Rutherford, being (1) a Fellow of the Royal College of Physicians hereby certify, on soul and conscience, that I have this day, at (2) Cricklewood Asylum in the County of Middlesex, seen and personally examined Elizabeth Hutton, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Rutherford

DATED this 7th day of July One thousand eight hundred and Eighty four.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow and Surgeon and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day at (3) the Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Hutton, 19 Leazes Terrace, Newcastle on Tyne and that the said Elizabeth Hutton is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) Her general appearance and restless nervous condition; thinks she has ruined herself on account of her wickedness.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Alex Thomson M.D. &c

Place of Abode, Castle Street Dumfries

DATED this Seventh day of July One thousand eight hundred and eighty-four years

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal Colleges of Physicians and Surgeons, Edinburgh and being in actual practice as a (2) physician and surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Hutton, and that the said Elizabeth Hutton, is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) She is dull and depressed and does not talk rationally. She is very anxious about her children & thinks she has failed in her duty towards them.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J Hunter Dryden LRCPS Ed

Place of Abode, 59 Castle Street, Dumfries

DATED this seventh day of July One thousand eight hundred and eighty four years

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope, Esquire (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John B. Hutton Tailor & Sayers Terrace, Newcastle-on-Tyne, Certificates under the hands of Alexander Thomson, and James Hunter Dryden, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Hutton 19 Sayers Terrace, Newcastle-on-Tyne and that the said Elizabeth Hutton is a (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 Hutton, as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Hutton, which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Eighth day of July, One thousand eight hundred and eighty four years.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 1872

Name, Elizabeth Hutton

Date of Admission, July 7 1884

3

25 & 26 Vict., Cap. 54, Sect. 13.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway

and his Substitutes,

(3) Insert Name and Designation.

The Petition of (3) Margaret Hill, Spinster, Guadaloupe Westbourne Hants

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that John Hill of Guadaloupe, Bournemouth,

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) Brother, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Hill to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

Margaret Hill

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 7th (5) day of July One thousand eight hundred and Eighty 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 Hill
2. Sex and age,	Male. age 30.
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	None
5. Religious Persuasion, so far as known,	Episcopalian
6. Previous place of abode,	Bournemouth.
7. Place where found and examined,	Same do = Jail of Dumfries.
8. Length of time Insane,	Between two & three months
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	30.
11. When and where previously under Examination and treatment,	—
12. Duration of Existing Attack,	as above stated.
13. Supposed Cause,	Want of occupation caused by ill-health.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	Would be. if provoked.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Misses Margaret & Mary Hill Spinsters Guadaloupe. Westbourne Hants. (Sisters)
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 28th day of June One thousand eight hundred and Eighty four

(To be signed by the Party applying) Margaret Hill

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, — Liverpool
2. Character of Education, — Ordinary.
3. Is the natural disposition cheerful or melancholy—reserved or frank, — Naturally cheerful but rather reserved.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? — Very steady - & remarkably temperate -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? —
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? —
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? — Father died of blood-vessel burst in head. Mother of rapid Consumption. He has had two attacks of Congestion of the Lungs - chest delicate - one cavity in right lung -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? —
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? —
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? — Suspicions of everyone. Was absorbed in own thoughts. Heard voices in the air. very excitable. Sleeplessness -
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? —
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? —
13. What changes have taken place in his bodily symptoms? —
14. Is he dirty, destructive, untidy, or obscene? —
15. Has he threatened or attempted violence to himself? If so, in what way? —
16. Has he threatened or attempted violence to others? If so, in what way? —
17. How long has he been insane? — About three months -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, James Rutherford
being (1) a Fellow of the Royal College of Physicians
hereby certify, on soul and conscience, that I have this day, at (2) Criddle's Royal Institution
in the County of Dumfries, seen and personally examined
John Hill - from Bournemouth, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Rutherford

DATED this tenth day of July One thousand eight hundred and Eighty four -

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE—No. I.

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow and Physician & Surgeon and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day at (3) the Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Hill, Gentleman of Gandalupe, Bournemouth and that the said John Hill is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) He is under the delusion, that he is followed about by people who mesmerise, and pass currents of electricity through him; hears voices talking to him, and many other unaccountable noises.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Alex. Thomson M.D.

Place of Abode, Castle St. Dumfries

DATED this Twelfth day of July One thousand eight hundred and Eighty four years.

MEDICAL CERTIFICATE—No. II.

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal Colleges of Surgeons and Physicians Edinburgh and being in actual practice as a (2) physician and surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Hill of Gandalupe Bournemouth and that the said John Hill is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) He imagines that he is being followed by certain persons, who mesmerise him & annoy him by passing currents of electricity through him.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J Hunter Dryden M.R.C.S.E.

Place of Abode, 29 Castle Street Dumfries

DATED this eleventh day of July One thousand eight hundred and eighty four years

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope — (1) — Sheriff-Substitute of the (2) County of Dumfries — having had produced to me, with a Petition at the instance of (3) Margaret Spinster, Guadaloupe Westbourne Hants Certificates under the hands of Alexander Thomson — and James Stuart Dryden, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Chief of Guadaloupe Bournemouth Potts Retired and that the said John Hill, — is a (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 Hill, — as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize his — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Eleventh day of July — One thousand eight hundred and eighty four.

Cert.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 1873

Name, John Hill

Date of Admission, 10 July 1884

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Ayr *and his Substitutes,—*

The Petition of Wilhelm Cunninghame, Belmont House, Ayr humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Brinsley Sheridan Homan

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) ~~Nieces husband~~ wifes uncle is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Brinsly Sheridan Homan to the Crichton Royal Institution Dumfries and to sanction his admission into the said Asylum.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 17th (4) day of Sep One thousand eight hundred and eighty 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,	Brinsly Sheridan Homan
2. Sex and Age,	Male - seventy three
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Magistrate in Australia - (Govt. appointment)
5. Religious Persuasion, so far as known,	Episcopalian
6. Previous Place of Abode,	London
7. Place where Found and Examined,	Belmont Ayr
8. Length of time Insane,	very recently - 2 days coming on.
9. Whether First Attack,	~~[illegible]~~ 1st attack
10. Age (if known) on First Attack,	73 years
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mr Frisen - 11 Calverly Park Sister to above Tunbridge Wells
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	not known the supposed cause

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 17th day of Sep One thousand eight hundred and eighty four

(*To be signed by Party applying*) W Cunninghame

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 Dobbie
being a (1) Doctor of Medicine (Edin.) & 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) Belmont, Dep Dep
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Brinsley Sheridan Homan
Gentleman
and that
the said Brinsley Sheridan Homan is a (5) person of unsound mind
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Says that he took his breakfast with Queen Victoria & Prince Albert & that he is getting everything inspired by him & that he simply by willing it can make them do so. Excitement of manner, incoherent talking. Believes that he is God & many other extravagant statements.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Is suspicious about his food being poisoned & will not eat unless it is being tasted by others.

Name and Medical Designation, Robert Dobbie M.D. L.R.C.S.E.

Place of Abode, Dep

Dated this 17th day of July One thousand eight hundred and eighty 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.

I, the undersigned, William John Naismith
being a (1) Doctor of Medicine

and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Belmont House, near Aspr, Aspr
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Brinsley Sheridan Homan
— Gentleman —
and that
the said Brinsley Sheridan Homan is a (5) person of unsound mind,
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) rambling and incoherence of speech - remarks characterised by incoherence and disconnection - the presence of various delusions, chiefly of a religious nature - imagines himself at times a spirit, and of the Deity himself.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The servants of the house report that he is "constantly talking nonsense" - performing miracles &c:

Name and Medical Designation, Will. Naismith M.D. Edin.

Place of Abode 13 Albany Place Aspr.

Dated this Seventeenth day of July One thousand eight hundred and Eighty four years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Alexander Cuthbertson Sheriff Substitute
of the (2) County of Ayr
having had produced to me, with a Petition at the instance of (3) William Cunninghame Belmont House Ayr
Certificates under the hands of Robert Dobbie M.D.
and W. J. Nansmith 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) Bunsley Sheridan Homan, Belmont House Ayr and that the said Bunsley Sheridan Homan is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Bunsley Sheridan Homan as a Patient into the (6) Crichton Royal ~~(Asylum of)~~ Institution Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Bunsley Sheridan Homan which accompanied the said Petition.

DATED this 1st day of July One thousand eight hundred and eighty four.

William A. Cuthbertson

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, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Brinsley S. Hooman

Admitted July 14 1884

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries & Galloway, *and his Substitutes,*—

The Petition of Miles McDonnell, Inspector of Poor, Dumfries,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Dickson or Wilson,

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Dickson or Wilson, to the Southern Counties Asylum and to sanction her admission into the said Asylum. Two words delet.

Miles McDonnell

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 19th (4) day of July — One thousand eight hundred and Eighty Four 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 Dickson or Wilson.
2. Sex and Age,	Female — 68 years.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	— Housewife.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Trohoughton.
7. Place where Found and Examined,	
8. Length of time Insane,	"Upwards of 2 years.
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,	Has been boarded out as Lunatic 4 —
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries 4th May 1882
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thomas Wilson, Husband. Lunatic in S. C. Asylum no
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 17th day of July — One thousand eight hundred and Eighty Four years.

(*To be signed by Party applying*) Miles McDonnell

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh Univ and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Trohoughton Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Dickson or Wilson a pauper and that the said Elizabeth Dickson or 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) Her excited insane appearance. Swears violently against those with whom she has been stated & wishes to go back to the Asylum

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) James Hughes with whom she has been residing tells me that she is quite uncontrollable becoming violent at times. & requiring constant watching

Name and Medical Designation, John Smith

Place of Abode, 14 Castle St Dumfries

DATED this 19th day of July One thousand eight hundred and 84 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, Hugo M. Hardcastle being a (1) Graduate in Medecine and Surgery of Edinburgh University and being in actual practice as a (2) physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Southern Co Asylum, Dumfries, in the County of Dumfriesshire separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Dickson or Wilson a pauper, and that the said Elizabeth Dickson or 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) Her incoherent chattering and rambling. Loss of Memory. and giving irrelevant [illegible] to questions

(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 institution tells me that has been violent and required restraint

Name and Medical Designation, Hugo M. Hardcastle

Place of Abode 4 Lovers Walk, Dumfries

DATED this 19th day of July One thousand eight hundred and eighty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Smith
being (1) Graduate in Medicine of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) Troughton Dumfries
in the County of Dumfries, seen and personally examined
Elizabeth Dickson or Wilson, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith M.D.

DATED this 17th day of July One thousand eight
hundred and 84 years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, Esquire, (1) Sheriff Substitute,
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Miles McLennan,
Inspector of Poor, Dumfries
Certificates under the hands of John Smith,
and Hugo M. Hardcastle, , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Dickson or Wilson, Troughton, Dumfries (a pauper) and that the said
Elizabeth Dickson or Wilson, is a (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 Dickson or Wilson, 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 Dickson or Wilson,
which accompanied the said Petition.

DATED this Nineteenth day of July, One thousand eight
hundred and eighty four years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

No 2436.
Elizabeth Pickam
or Wilson Pauper
Dumfries
14th July 1884.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM **A**]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — *of* ~~the~~ (2) Dumfries and ~~of~~ Galloway — *and his Substitutes,*—

The Petition of Adam Gray Jr farmer. Inglistown, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Gray — your Petitioner's (3) Uncle — is at present in a state of Mental Derangement, and 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 Gray — to the ~~Sent~~ Circle ton Asylum at Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Adam Gray Jr

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty third (4) day of July — One thousand eight hundred and eighty four

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Gray
2. Sex and Age,	Male. 58.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Farmer.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Muncraig Bogue, Kirkcudbright
7. Place where Found and Examined,	Muncraig
8. Length of time Insane,	ten days
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,	10 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 Family known to be or to have been Insane,	Adam Gray, Senior, Inglistown Bogue
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 23 day of July One thousand eight hundred and eighty four

(*To be signed by Party applying*) Adam Gray Jr

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 Nichol Cox 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) Muncrau Borgue in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) William Gray and that the said William Gray is a (5) person unsound m[illegible] and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is very m[illegible] excited and quite incoherent on ma[illegible] points, and suffering from delusions su[illegible] as ~~his~~ the members of his household are all d[illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Restlessness & Sleeplessness. Runs out of [illegible] imperfectly dressed. Believes they are all drunk.

derived from Adam Gray his Nephew

Name and Medical Designation, J. Nichol Cox L.R.C.S. Ed: [illegible]

Place of Abode, Gatehouse-of-Fleet

DATED this 23rd day of July One thousand eight hundred and Eighty-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.

I, the undersigned, Wm S. S. Reid. being a (1) Bachelor of Medicine and Master of Surgery and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Muncrau Borgue in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Wm Gray and that the said Wm Gray is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Dislike to light. Great restlessness - Subject to various delusions [illegible] as being under the idea of all his attendants [illegible] either out of their mind or drunk.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Intense restlessness & sleeplessness. Ran out of the house early this morning imperfectly clothed and was violent to attendant & is subject to various delusion

By Adam Gray Ingleston Borgue

Name and Medical Designation, W. S. S. Reid M.B.

Place of Abode Oakley. Kirkcudbright

DATED this 23rd day of July One thousand eight hundred and Eighty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Macartney Gordon (1) Esqr. Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Adam Gray Jr.

Certificates under the hands of J. Nichol Cox
and W. S. S. Reid, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Gray and that the said William Gray is a (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 Gray 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 William Gray which accompanied the said Petition.

DATED this twenty third day of July One thousand eight hundred and eighty four

Robt. Gordon S.S.

To the Superintendent of the (7) Crichton
Asylum of Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1845.

Mr. William Gray.

— " —

23rd July. 1884.

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) The Shire of Ayr

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) James Bunten, Clothier, Kilmarnock humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Agnes Paxton or Bunten

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) Wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Paxton or Bunten to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

James Bunten

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this Twenty fourth (5) day of July One thousand eight hundred and Eighty four

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Agnes Paxton or Bunten
2. Sex and age,	Female. 61 years
3. Married, Single, or Widowed,	Married
4. Condition of Life and previous Occupation (if any),	Wife of Jas Bunten. Clothier. Kilmarnock
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	Nurseryhill. Kilmarnock
7. Place where found and examined,	Nurseryhill. Kilmarnock
8. Length of time Insane,	probably 12 or more months
9. Whether First Attack,	Continuation of first attack
10. Age (if known) on First Attack,	60 years
11. When and where previously under Examination and treatment,	Crichton Royal Institution. Dumfries
12. Duration of Existing Attack,	12 or more months
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Bunten. Clothier. Kilmarnock husband
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 24th day of July One thousand eight hundred and 84

(To be signed by the Party applying).... James Bunten

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Richmondland. ~~Kd~~ Riccarton, Ayrshire
2. Character of Education,	Good
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful but reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady & industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Not before last year, when she was sent to Dumfries
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	Her brother shewed symptoms of insane melancholic after a hemiplegic sig
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	Father. Paralysis. Mother unknown. Elder brother. Paralysis. 2d Brother. Sunstroke. 3d brother. Paralysis. Sister died of mi[illegible] disease not nervous
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	no
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	no
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Depression. then delusions [illegible] her means.
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	Sleeplessness. Want of appetite. loss of flesh
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	~~She has lost flesh~~ and her mind [illegible] to get flebler
13. What changes have taken place in his bodily symptoms?	She has lost flesh
14. Is he dirty, destructive, untidy, or obscene?	no
15. Has he threatened or attempted violence to himself? If so, in what way?	no
16. Has he threatened or attempted violence to others? If so, in what way?	no
17. How long has he been insane?	12 months or more

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned,

being (1)

hereby certify, on soul and conscience, that I have this day, at (2)

in the County of , seen and personally examined

, and that the said

person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

.....

DATED this day of One thousand eight hundred and

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Alexander William Macfarlane being a (1) Doctor of Medicine Glasgow University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day at (3) Nursery Hill Kilmarnock in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) Mrs Agnes Paxton or Bunten Nursery Hill, Kilmarnock and that the said Mrs Agnes Paxton or Bunten is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) Her Expression is [illegible] changed – that of fixed melancholy. Her manner is very peculiar. [illegible] its without speaking and only occasionally replies to a question in a mono[illegible]ble and that in a whisper. at times [illegible] her lips move as if talking to herself.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) [illegible] husband & daughter. Never speaks, or takes any interest in anything [illegible] the house or around her. Moans constantly about some evil that is about [illegible] upon them, but is unable to explain what it is. Thinks they are in [illegible] when that is not the case. Refuses at times to take her food

(7) *State the Information, and from whom derived.*

Name and Medical Designation, A. W. Macfarlane M.D.

Place of Abode, Kilmarnock

DATED this 24th day of July One thousand eight hundred and 84.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Guthrie Rankin being a (1) Doctor of Medicine. and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Nursery Hill Kilmarnock in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) Mrs Agnes Paxton or Bunten and that the said Mrs Agnes Paxton or Bunten is a (5) Person of Unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) Her whole appearance [illegible] changed. Her Eyes are staring and vacant. She is without any rational [illegible] in her family or surroundings. She refuses to speak to anyone and [illegible] to suffer from a sense of some impending but unexplainable evil. [illegible] Expression indicates the utmost depression and melancholy.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) [illegible] daughter. That she has become suspicious and silent refusing to [illegible] to anyone. That she moans frequently and lies in constant dread [illegible] occurrence of some calamity to herself family. That she sleeps badly & is [illegible]ciating. That she is sometimes suspicious about her food & reluctant to take it.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Guthrie Rankin M.D.

Place of Abode, Kilmarnock

DATED this 24 day of July One thousand eight hundred and 84.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, John Watt (1) Sheriff Substitute of the (2) County of Ayr having had produced to me, with a Petition at the instance of (3) James Bunter Clothier Kilmarnock Certificates under the hands of Alexander William Macfarlane and Gilbert Barkin, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Agnes Paxton or Bunter his wife and that the said Agnes Paxton or Bunter is a (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 Paxton or Bunter as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

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DATED this 24th day of July One thousand eight hundred and 84.

John Watt

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 1877.

Name, Agnes Paxton or Bunter

Date of Admission, 25 July 1884

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) Dumfries and Galloway and his Substitutes,—

The Petition of Andrew McDowall Farmer, Milton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas McDowall, Portwilliam, parish of Mochrum your Petitioner's (*) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas McDowall to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Andrew McDowall

DATED this 25th (*) day of July One thousand eight hundred and eighty four

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas McDowall
2. Sex and Age,	Male 64 years
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	Commission Agent
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Milton, Portwilliam
7. Place where Found and Examined,	Portwilliam
8. Length of time Insane,	Four weeks
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	64 years
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	Four Weeks
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Andrew McDowall Farmer Milton — Portwilliam Brother — No other member of family insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 25th day of July One thousand eight hundred and eighty four

(*To be signed by Party applying*) Andrew McDowall

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Robert Bird Selby
being a (1) Doctor of Medicine of Edinburgh University and
Licentiate of the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) General Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Portwilliam
in the County of
separately from any other Medical Practitioner
visited and personally examined (4) Thomas McDowall
and that
the said Thomas McDowall is a (5) person
of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
Says he requires £25 to go to London to see his
Surgeon at the Tabernacle as God had
appointed him to do this

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mr C. M. Routledge - Banker - Portwilliam has
received some incoherent letters from him in
reference to family property.

Name and Medical Designation, Robert B. Selby M.D. &c.

Place of Abode, Portwilliam Wigtownshire

DATED this 25th day of July One thousand eight
hundred and eighty four

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or 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 Robert Dobie
being a (1) Bachelor of Medicine of Edinburgh, Master in Surgery of Edinburgh, Licentiate Medical
and being in actual practice as a (2) Portwilliam
hereby certify, on soul and conscience, that I have this day, at (3)
Wigtown in the County of
separately from any other Medical Practitioner
visited and personally examined (4) Thomas McDowall
and that
the said Thomas McDowall is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
He is violent
and garrulous, talks incoherently about
the Prophets &c &c in Scripture & &
has had correspondence with Those

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
John Douglas, Baker - Portwilliam
says that he has all sorts of absurd
theories about the Causes of recent
events &c &c

Name and Medical Designation, John Robert Dobie
MB, Cm

Place of Abode Whithorn, Wigtownshire

DATED this 25th day of July One thousand eight
hundred and eighty four.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so,*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Doig Esquire (1) Sheriff Substitute
of the (2) County of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Andrew McDowall
Farmer Milton in the parish of Mochrum
Certificates under the hands of Robert Reid Selby M.D. & L.R.C.S.E. Portwilliam
and John Robert Dobbie M.B. & C.M., being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Thomas McDowall Portwilliam and that the said
Thomas McDowall is a (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 McDowall 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 Thomas McDowall which accompanied the said Petition.

DATED this twenty fifth day of July One thousand eight hundred and eighty four years

John Doig

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 2436.

Thomas McPowace

Rivate Portwilliam

26th July 1884.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the (2)~~ Dumfries and Galloway *and his Substitutes,*—

The Petition of Miles McInnes, Inspector of Ven. Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Borland Bell your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Borland Bell to the Southern Counties Asylum and to sanction admission into the said Asylum. Two words delete

Miles McInnes

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

DATED this 28th (4) day of July One thousand eight hundred and Eighty Four years

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Borland Bell
2. Sex and Age,	Male 66 years
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	— Clerk
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Moorheads Hospital
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	a few weeks
9. Whether First Attack,	No
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	Garlands Asylum — Cannot
12. Duration of Existing Attack,	~~till~~ when
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	28th July 1884
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 28th day of July One thousand eight hundred and Eighty Four years

(*To be signed by Party applying*) Miles McInnes

P. p.

No 3439

James Borland Bell.

Pauper

Dumfries

28th July 1884.

7868.

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

GENERAL BOARD OF LUNACY 31 JUL 84 SCOTLAND

I, the undersigned being desirous to transfer David McGown at present a Patient in Wigtownshire Poor House, and (¹) a Pauper Lunatic of the Parish of which I am Inspector from the said ~~Asylum~~ Poor House to the Southern Counties Asylum, Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said David McGown and a Medical Certificate with respect to his mental and bodily condition.

(¹) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

R H Bradford – Inspector of Poor of the Parish of Leswalt –

DATED at Stranraer this 29th day of July One thousand eight hundred and Eighty four Years.

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

STATEMENT.

1. Christian Name and Surname of Patient at length,	David McGown
2. Sex and Age,	Male – about 76 Years.
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and Previous Occupation (if any),	Mariner
5. Religious Persuasion, so far as known,	Protestant.
6. Date of Admission into Asylum,	was liberated from S C Asylum Dumfries on 1st May last to the lunatic wards of Poor House here. Prior in Asylum for many Years.
7. Length of time Insane,	unknown
8. Whether first Attack,	"
9. Age (if known) on first Attack,	"
10. Duration of existing Attack,	"
11. Supposed Cause,	
12. Whether subject to Epilepsy,	Yes –
13. Whether Suicidal,	
14. Whether Dangerous to others,	
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Parish of Leswalt
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	not now known –

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) R H Bradford

DATED this 29th day of July One thousand eight hundred and Eighty four Years.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned David Easton being (1) Doctor of medicine & Licentiate of the Royal College of Surgeons, Edinburgh hereby certify that I have this day at (2) Wigtownshire poor house Asylum personally examined David McGown at present a Patient in said Asylum, and with respect to his Mental State that he is weak minded, dull, dour & stupid. At times very irritable.

; and with respect to his Bodily Health and Condition that. He is subject to frequent Epileptic attacks, otherwise Bodily health condition satisfactory.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries

David Easton M.D.

DATED this Thirtieth day of July One thousand eight hundred and Eighty four.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

No. 2 of 4 David McGown Pauper Leswalt 2 Aug. 1884

Application having been made to the Board by (1) Inspector of Poor of the parish of Leswalt to authorize the transfer of David McGown from Wigton Combination Porthouse to Dumfries Royal Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said David McGown as requested.

(2) Valid for fourteen days from date

[signature] Commissioner.

DATED at Edinburgh, this 31st day of July, One thousand eight hundred and 84.

Date of Sheriff's Order:—

~~25th July, 1884, 1875.~~

25th October, 1875

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Dumfries *and his Substitutes,—*

The Petition of John Murphy Inspt. of Poor of Ralfmorton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Whyte your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Sarah Whyte to the Southern Counties' Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Murphy

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 9th (4) day of August One thousand eight hundred and Eighty-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,	Sarah Whyte
2. Sex and Age,	Female. 48 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Chapelknowne
7. Place where Found and Examined,	do.
8. Length of time Insane,	Two weeks
9. Whether First Attack,	Has had repeated attacks - last in Dec. 1881
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of Existing Attack,	Two weeks
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Not so far as known to me
16. Whether Dangerous to others,	Not so far as known to me
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Ralfmorton
18. Date of becoming Chargeable,	5th Aug. 1884
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Whyte Chapelknowne
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Ninth day of August One thousand eight hundred and Eighty-four

(*To be signed by Party applying*) John Murphy

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Carruthers being a (1) Lic: Roy: Coll: Phys: Edin: Lic: Fac: Phys: & Surg: Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Chapelknow, Halfmorton in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Sarah Whyte, Chapelknow pauper and that the said Sarah Whyte is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Patient suffers from delusions, is very excitable, is most untidy in her person & in her house —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Sewell says patient rages about the house during the night & that her conduct has become very strange lately & is now outrageous.

Name and Medical Designation, William Carruthers RRCPGT

Place of Abode, Kirkpatrick Fleming

DATED this sixth day of August One thousand eight hundred and eighty 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.

I, the undersigned, Jas Rae Anderson being a (1) Doctor of Medicine and Licentiate of the Fac of Physicians and Surgeons - Glasgow - and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Chapelknow in the Parish of Halfmorton in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Sarah White. Chapelknow Pauper and that the said Sarah White is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her conversation is very incoherent, her manners are silly and sometimes violent she frequently getting into gusts of passion. Altogether she has the appearance of an insane person.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband - William White - and Mrs Little say she is sometimes difficult to keep in the house and often shouts murder when there is no person near her &c.

Name and Medical Designation, Jas Rae Anderson M.D.

Place of Abode Eskbank. Canonbie

DATED this Seventh day of August One thousand eight hundred and eighty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Harris Shortt, (1) Honorary Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Murphy, Inspector of Poor Halfmoorton, Certificates under the hands of William Carruthers 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) Mrs Sarah Whyte, Chapelhurst Halfmoorton (a Pauper) and that the said Mrs Sarah Whyte, is a (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 Sarah Whyte, 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 Mrs Sarah Whyte, which accompanied the said Petition.

DATED this Ninth day of August, One thousand eight hundred and eighty four.

W H Shortt

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 2742,
Sarah Whyte.
Pauper
Halfmorton
9th August 1884.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of Dumfries and Galloway *of* ——— *and his Substitutes,*—

The Petition of Alexander Rae, Twynholm. ——— humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Rae ——— your Petitioner's (3) Uncle ——— is at present in a state of Mental Derangement, and 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 Rae ——— to the Crichton asylum at Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Alexander Rae

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this eleventh (4) day of August ——— One thousand eight hundred and eighty 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 Rae
2. Sex and Age,	Male. age about 51
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Retired Master Mariner.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kirkcudbright
7. Place where Found and Examined,	do.
8. Length of time Insane,	4 days
9. Whether First Attack,	No. slightly for about 3 years.
10. Age (if known) on First Attack,	48
11. When and where previously under Examination and Treatment,	Not under treatment
12. Duration of Existing Attack,	4 days
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,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Alexander Rae 19 Berkeley Street Liverpool. Brother No.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this eleventh day of August ——— One thousand eight hundred and eighty four

(*To be signed by Party applying*) Alexander Rae

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Macmyn being a (1) Bachelor of Medicine and Master of Surg 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) 4 Gladstone Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Capt. Thomas Rae 4 Gladstone Kirkcudbright and that the said Thomas Rae is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) refuses to take [illegible] and sufficient food does not sleep well, is morose, wanders listlessly about his room; believes his soul to be lost; refuses associate with any one.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Tried to drown himself on the night of August 8th 1884 by [illegible] himself over the Bridge that spawns the Dee at Kirkcudbright. Believes that his soul is lost is sometimes frantic. This information derived from his wife, father-in-law and Capt. [illegible] Kirkcudbright.

Name and Medical Designation, John Macmyn M.B. C.M.

Place of Abode, St. Mary's Drive, Kirkcudbright

DATED this eleventh day of August One thousand eight hundred and eighty-four

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Wm. S. S. Reid being a (1) Batchelor of Medicine and Master of Surgery of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) 4 Gladstone Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Thomas Rae and that the said Thomas Rae is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 mental depression of a religious type. A dislike to question a desire to be left alone. Thinks his case hopeless.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Told me by Mrs Rae his wife

Tried to drown himself a few nights [illegible] Has been in a very restless state and [illegible] very depressed. Does not sleep much. tendency towards about alone.

Name and Medical Designation, W. S. S. Reid. M.B.

Place of Abode Oakley. Kirkcudbright

DATED this 11th day of August One thousand eight hundred and 84.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Bell Esquire (1) Sheriff Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Alexander Rae, Certificates under the hands of John Macmyn and W. S. S. Reid, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Rae and that the said Thomas Rae is a (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 Rae as a Patient into the (6) Crichton Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Rae which accompanied the said Petition.

DATED this eleventh day of August One thousand eight hundred and eighty four

William Bell.

To the Superintendent of the (7) Crichton
Asylum of Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

1878.

Thomas Rae.

11th August: 1884.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries & Galloway *and his Substitutes,—*

The Petition of Miss Marion Diniwiddie Hawthorn Bank, Glebe Terrace, Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mr William Diniwiddie, your Petitioner's (3) brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Diniwiddie to the Crichton Royal Institution, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Marion Diniwiddie

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 15th (4) day of August—One thousand eight hundred and eighty 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,	William Diniwiddie
2. Sex and Age,	Male: 76 years
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	no occupation. Formerly a Miller.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Hawthorn Bank. Glebe Terrace Dumfries
7. Place where Found and Examined,	Do. Do.
8. Length of time Insane,	3 months.
9. Whether First Attack,	2nd attack.
10. Age (if known) on First Attack,	about 30 years.
11. When and where previously under Examination and Treatment,	Never under treatment except at home.
12. Duration of Existing Attack,	3 months.
13. Supposed Cause,	Ova study & family trials
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	no.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Miss Marion Diniwiddie the petitioner Sister. Hawthorn Bank Glebe Terrace Dumfries.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 15th day of August One thousand eight hundred and eighty four—

(*To be signed by Party applying*) Marion Diniwiddie

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, Hugh Cunningham, ——— being a (1) licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons, Glasgow, ——— and being in actual practice as a (2) Physician and Surgeon, ——— hereby certify, on soul and conscience, that I have this day, at (3) 1 Glebe Terrace, Dumfries, ——— in the County of Dumfries, ——— separately from any other Medical Practitioner, visited and personally examined (4) William Dinniddie, ——— and that the said William Dinniddie ——— is a (5) person of unsound mind ——— and a proper Person to be detained 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 vacant appearance of the Countenance. He sees, and hears imaginary individuals talking and warning him away. To day he has refused food.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His sisters inform me that he is restless and sleepless.

Name and Medical Designation, Hugh Cunningham

Place of Abode, 25 Castle Street, Dumfries

DATED this twelfth day of August One thousand eight hundred and eighty 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.

(6) *State the facts.*

(7) *State the information and from whom derived.*

I, the undersigned, Richard B. Lorraine, ——— being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Parochial Board Office, Dumfries, ——— in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) William Dinniddie, ——— and the said William Dinniddie — is a (5) person of unsound mind, and a proper person to be detained 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, says his enemies wish to put him out of his house. Thinks we are acting against him in various other ways.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His sisters say that he thinks his enemies are in his house and that they are acting against his interests.

Name and Medical Designation, R. B. Lorraine

Place of Abode 16 Castle St Dumfries R. B. Lorraine

DATED this fourteenth day of August One thousand eight hundred and eighty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Hugh Cunningham being (1) Licentiate of the Royal College of Physicians in Edinburgh &c hereby certify, on soul and conscience, that I have this day, at (2) 1 Glebe Terrace in the County of Dumfries, seen and personally examined William Dinwiddie, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Hugh Cunningham

DATED this 12th day of August One thousand eight hundred and eighty four years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Bruce ~~William Harris Shortt~~ (1) Honorary Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Marion Dinwiddie Hawthorn Bank Glebe Terrace Dumfries Certificates under the hands of Hugh Cunningham and Richard R. Lorraine, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Dinwiddie, Hawthorn Bank, a person (Peter Brother) and that the said William Dinwiddie, is a (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 Dinwiddie as a Patient into the (6) Public Asylum of Crichton 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 Dinwiddie which accompanied the said Petition.

DATED this Fifteenth day of August, One thousand eight hundred and eighty four.

James Bruce H.M.S.S.

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

William Dinwiddie

14th August. 1884.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward, (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of (~~the~~) (2) Dumfries and Galloway and his Substitutes,—

The Petition of James M'Kerlie farmer Whitecairn in the parish of Old Luce and County of Wigtown humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Martha Love Horner or M'Kerlie your Petitioner's (3) wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Martha Love Horner or M'Kerlie to the Southern Counties Asylum Dumfries and to sanction her admission into the the said Asylum. for I would dislike longer

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James M'Kerlie

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Twentieth (4) day of August One thousand eight hundred and eighty four 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,	Martha Love Horner or M'Kerlie
2. Sex and Age,	Female : 20 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	farmer's wife ; no previous occupation
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Whitecairn, Old Luce.
7. Place where Found and Examined,	Main street, Glenluce
8. Length of time Insane,	about fourteen days
9. Whether first Attack,	First time so far as known
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	about fourteen days
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Has become slightly so within the last day or two
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	Matthew Horner, Stonedyke, Glenluce Father, Mary Galrymple or Horner, his wife, Mother, None insane so far as known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twentieth day of August One thousand eight hundred and eighty four

(*To be signed by Party applying*) James M'Kerlie

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, David Matthews being a (1) Bachelor of Medicine & master of Surgery of the University of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Main Shees Glenluce Wigtown in the County of separately from any other Medical Practitioner visited and personally examined (4) Martha Horner or ~~Mc Lachlan~~ Main Shees, Glenluce and that the said Martha Horner or ~~Mc Lachlan~~ is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She has a wild restless expression, her eyes wandering in all directions. Her language is very incoherent. Says she sees smoke, but cannot find any cause, that the smoke is sent by the Lord. Says the gold has all to the Lords & the Edenburgh & the Dukes. Points to imaginary objects in the room states the queerest nonsense &c &c. &c.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband states that she has been very poorly for the last ten days, very restless, sometimes singing sometimes crying, inclined to run away, attempted to bite &c. &c. &c. Her mother states that she has been the same

Two words deleted D.M.

Name and Medical Designation, David Matthews M.B. C.M. Edin.

Place of Abode, Glenluce

DATED this nineteenth day of august One thousand eight hundred and eighty 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, Hugh Cochrane being a (1) Licentiate of the Royal College of Physicians Edin & a Licentiate of the Faculty of Physicians & Surgeons Glasgow and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) Main St. Glenluce Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Martha Horner or ~~Mc Lachlan~~ Main St Glenluce and that the said Martha Horner or ~~Mc Lachlan~~ is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Has a very excited appearance. Rambles and talks in a very incoherent manner and at times bursts into fits of laughter. She states that she was guided home by a little two years and two days ago.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her mother states that she has been very excited for the last ten days. Talking nonsense all day. She imagines that there are soldiers in the house and that some one is about to attack and destroy

Two words deleted

Name and Medical Designation, Hugh Cochrane L.R.C.P.S.E.

Place of Abode, Stranraer

DATED this nineteenth day of August One thousand eight hundred and eighty-four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorises the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Gordon Esquire — (1) Sheriff Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) James McKerlie former, Whitecairn, Parish of old Luce and County of Wigtown, Certificates under the hands of Dr David Matthews Stranraer — and Dr Hugh Cochrane, Stranraer —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Martha Love Horne or McKerlie wife of the said James McKerlie and that the said Martha Love Horne or McKerlie is a (5) Person of unsound mind (named in said Certificate Martha Horne or McKerlie)

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Martha Love Horne or McKerlie 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 Martha Love Horne or McKerlie which accompanied the said Petition.

DATED this Twenty first day of August — One thousand eight hundred and eighty four years — One word deleted hereon before signing — John Gordon

To the Superintendent of the (7) Public — *Asylum of* Southern Counties, Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 2743.

Martha Low Horner or McKerlie
Private Patient
White cairn Old Case
21st August
1884

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *of the* (2) *of* *and his Substitutes,—*

The Petition of

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3)

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said to the and to sanction admission into the said Asylum.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this (4) day of One thousand eight hundred and

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Hill
2. Sex and Age,	Female 31 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Charwoman
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Tagans' Close
7. Place where Found and Examined,	Burgh Police office
8. Length of time Insane,	Cannot tell
9. Whether First Attack,	Second
10. Age (if known) on First Attack,	31 years
11. When and where previously under Examination and Treatment,	S.C. Asylum in April last
12. Duration of Existing Attack,	
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	yes She threatens to injure herself Sometimes
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,	25th Aug. 1884
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary Hill or Aiken Sister residing in Grainger's Close Dumfries none
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 25th day of Aug. One thousand eight hundred and Eighty Four years

(*To be signed by Party applying*) Miles McDonnell

Insp. of Poor P. P.
Dumfries

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Richard B. Lorraine
being a (1) Graduate of Edinburgh University

and being in actual practice as a (2) General Medical practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the Dumfries police office in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Hill a pauper and that the said Mary Hill Pauper is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She says she Head feels light that she is flighty and nervous. Tells me that last night let she was walking about the streets with her child feeling restless and unsettled.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her sister says she is melancholy and is quoting religious texts - says she is frightened her ~~[illegible]~~ injuring herself.

Name and Medical Designation, R.B. Lorraine M.B.

Place of Abode, 16 Castle St. Dumfries

DATED this twenty fifth day of August One thousand eight hundred and eighty 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.

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. :—

(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)

Name and Medical Designation, _____

Place of Abode _____

DATED this day of One thousand eight hundred and

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Richard B Lorraine
being (1) Graduate of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) Police office (Dumfries)
in the County of Dumfries, seen and personally examined
Mary Bell (Pauper), and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Richard B Lorraine

DATED this twenty fifth day of August One thousand eight hundred and eighty four

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, (1)
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 authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said which accompanied the said Petition.

DATED this day of One thousand eight hundred and

To the Superintendent of the (7)
Asylum of

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 74th.
Mary Hill.
Pauper
Dumfries
25th August 1884

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries & Galloway and his Substitutes,—

The Petition of Matthew Grierson, Mason, Mossbank Cottage, Lochmaben

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Grierson,

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isabella Grierson to the Southern Counties Asylum and to sanction her admission into the said Asylum.

Matthew Grierson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 28th (4) day of August One thousand eight hundred and eighty-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,	Isabella Grierson
2. Sex and Age,	female - 22 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Dependant
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Mossbank Cottage Lochmaben
7. Place where Found and Examined,	Mossbank Cottage Lochmaben
8. Length of time Insane,	7 days
9. Whether First Attack,	2nd attack
10. Age (if known) on First Attack,	18 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum, Dumfries
12. Duration of Existing Attack,	7 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 Family known to be or to have been Insane,	Matthew Grierson, father Mason, Mossbank Cottage, Lochmaben An aunt is at present in the Southern Counties Asylum
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 28th day of August One thousand eight hundred and eighty-four

(*To be signed by Party applying*) Matthew Grierson

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Thomas Reid
being a (1) Graduate in Medicine of Glasgow Univers
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Mossbaull Cottage
Lochmaben in the County
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Isabella Grierson, Mossbaull Cottage
Lochmaben and th
the said Isabella Grierson is a (5) person of
unsound mind and a proper Person to be detain
under Care and Treatment, and that I have formed this opinion upon the followi
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is singing and talking in an incoherent manner, Is never a [illegible] for any time, Talks to herself but does not answer [illegible] questions addressed to her. Is making a loud noise & [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her father says they have had to watch her night and She refuses to take food, Crying and singing in a [illegible] and wild state

Name and Medical Designation, Thos Reid M.D.

Place of Abode, Lochmaben

DATED this 28th day of August One thousand eig
hundred and eighty-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.

I, the undersigned, Thomas Ferguson
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 27 Castle St Dumfries in the County
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Isabella Grierson and th
the said Isabella Grierson is a (5) person of
unsound mind and a proper person to be detain
under Care and Treatment, and that I have formed this opinion upon the followi
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She answers questions disconnectedly & wit[illegible] any sense.
She laughs in a silly manner & sings [illegible] makes a noise.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) By her Father Matthew Grierson } That she has been excited & restless & noisy & has required constant watching. That she has been singing & shouting when coming here.

Name and Medical Designation, Thomas Ferguson M.B.

Place of Abode 22 Castle St Dumfries

DATED this twenty Eighth day of August One thousand eig
hundred and eighty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Thomas Reid
being (1) Graduate in Medicine of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) Mossbaull Cottage, Lochmaben
in the County of Dumfries, seen and personally examined
Isabella Grierson, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Thos Reid M.D.

DATED this 28th day of August One thousand eight hundred and eighty-four

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Bruce (1) Honorary Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Matthew Grierson, Mason, Mossbaud Cottage, Lochmaben,
Certificates under the hands of Thomas Reid
and Thomas Ferguson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Isabella Grierson, Mossbaud Cottage, Lochmaben (Pers Daughter) and that the said Isabella Grierson is a (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 Grierson 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 Isabella Grierson, which accompanied the said Petition.

DATED this Twenty eighth of August, One thousand eight hundred and eighty four.

James Bruce Hon. S.S.

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 2/45
Isabella Grierson
Privat
Mossbank Cottage
Lochmaben
28th Augt 1884.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Wigtown *and his Substitutes,*—

The Petition of James Hannay, farmer, Dalvadie, Parish of Stoneykirk, and County of Wigtown, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Hannay your Petitioner's (3) daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Hannay to the Southern Counties Asylum, Dumfries, and to sanction her admission into the said Asylum.

James Hannay

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Dated this 29th (4) day of August One thousand eight hundred and eighty four.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Hannay
2. Sex and Age,	Female 26
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	House Keeper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dalvadie Stoney Kirk
7. Place where Found and Examined,	Dalvadie
8. Length of time Insane,	Six months
9. Whether First Attack,	First
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,	Six months
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Hannay father residing at Dalvadie, Stoneykirk. No member of family known to be insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 29th day of August One thousand eight hundred and eighty-four

(*To be signed by Party applying*) James Hannay

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Frank Rufsell being a (1) Bachelor of Medicine & Master of Surgery of Glasgow University and being in actual practice as a (2) physician and surgeon hereby certify, on soul and conscience, that I have this day, at (3) Dalvaddie Stonykirk parish in the County of Wigton separately from any other Medical Practitioner, visited and personally examined (4) Mary Hannay and that the said Mary Hannay is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 excited appearance
Her taciturnity

(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 prefers being alone & o[illegible] to any one following her when going out which she [illegible] She requires always to be brought home she ha[illegible] several occasions struck her father & brother an[illegible] has been in an asylum before

Name and Medical Designation, Frank Rufsell MB [illegible]

Place of Abode, Lake Cottage Sandhe[illegible]

DATED this 29th day of August One thousand eight hundred and fourty

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Hugh Cochrane being a (1) Licentiate of the Royal College of Physicians Ed[illegible] & a Licentiate of the Faculty of the Physicians & Surgeons [illegible] and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) Dalvadie Stoney Kirk in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Mary Hannay Dalvadie and that the said Mary Hannay is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has a very peculiar appearance and does not incline to answer questions. Says she would rather not go to bed as she thinks she would have better health without sleep. &c &c.

(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 very unwilling go to bed at night, and when asked to do so be[illegible] outrageous and strikes at those around her. She goes [illegible] the fields and can scarcely be persuaded to return [illegible] become very dull and will not speak to the men[illegible] family. &c &c.

Name and Medical Designation, Hugh Cochrane LRCPS F.F.P.S. Gla[illegible]

Place of Abode Stranraer

DATED this twenty-ninth day of August One thousand eight hundred and eighty-four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William McGibbon Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James Kannay
farmer, Balvadie Parish of Stoneykirk and County of Wigtown
Certificates under the hands of John Russell, Lake Cottage Sandhead
and D. Hugh Cochrane, Stranraer, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Mary Kannay residing at Balvadie Parish of Stoneykirk and that the said
Mary Kannay is a (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 Kannay as a Patient into the Public Southern Counties Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Kannay which accompanied the said Petition.

2 of Wigtown

W. McGibbon

DATED this twenty ninth day of August One thousand eight hundred and eighty four years

To the Superintendent of the (7) Public Asylum of
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 2746

Mary Hannay
Private

Palvadie Stoney Kirk
29th Augt 1884

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Sheriff of Dumfries & Galloway, *and his Substitutes,*—

(3) Insert Name and Designation.

The Petition of (3) George Steel, Newington Lodge, Annan, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Janet Steel, of Newington Lodge, Annan, your Petitioner's (4) Wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Steel to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

George Steel

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 30th (5) day of August One thousand eight hundred and four 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 Steel
2. Sex and age,	Female 42 years
3. Married, Single, or Widowed,	married
4. Condition of Life and previous Occupation (if any),	a lady
5. Religious Persuasion, so far as known.	Chief or Scotland
6. Previous place of abode,	Newington Lodge – Annan
7. Place where found and examined,	do do
8. Length of time Insane,	Six days
9. Whether First Attack,	Second attack
10. Age (if known) on First Attack,	Twenty five years
11. When and where previously under Examination and treatment,	Crichton Institution Dumfries
12. Duration of Existing Attack,	Six days
13. Supposed Cause,	over curtain and excitement
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	George Steel Newington Lodge Annan Husband
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	— Grandmother (maternal) died insane

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 30th day of Augt One thousand eight hundred and four years

(To be signed by the Party applying) George Steel

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Annan
2. Character of Education,	Good
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful and frank
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady and Industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Yes — Once — From [illegible] September 1867 — Christie [illegible]
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	One insane — Grandmother
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	Father alive — mother [illegible] Liver Complaint — one [illegible] died in infancy
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Intense anxiety about [illegible] Bazaar or what she was [illegible] Clairvoyance.
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	Sleeplessness
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Must be same
13. What changes have taken place in his bodily symptoms?	None
14. Is he dirty, destructive, untidy, or obscene?	No
15. Has he threatened or attempted violence to himself? If so, in what way?	No
16. Has he threatened or attempted violence to others? If so, in what way?	No
17. How long has he been insane?	6 days

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, Alexander Dall MacDonald being (1) a graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 18 Castle St. Dr in the County of Dumfries, seen and personally examined Jane Still Henryton Lodge Annan and that the said Jane person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

A. D. MacDonald M.

DATED this 30th day of August One thousand eight hundred and eighty four.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Alexander Dove MacDonald being a (1) Graduate of Edinburgh University

and being in actual practice as a (2) physician & surgeon hereby certify, on soul and conscience, that I have this day at (3) 18 Castle St Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Janet Steel wife of John Cook Esquire and that the said Janet Steel is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6)

(6) *State the Facts.*

She is very excitable and talks irrationally. Can't what she can say sounds as incoherent stuff. She thinks all her relations are dead

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Dr Scott informs me that she had hallucinations as to seeing people who come & who were not there and has been excited for some days

Name and Medical Designation, A D MacDonald MD &c

Place of Abode, Dumfries

Dated this 30th day of August One thousand eight hundred and eighty four

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, William Smith Kerr being a (1) Graduate of Glasgow University &c

and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 18 Castle Street Dumfries. in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Janet Steel and that the said Mrs Janet Steel is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6)

(6) *State the Facts.*

She has mental derangement. Rather maniacal. Talking incessantly and incoherently. Much excited.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Her medical attendant Dr Scott says she has become quite outrageous and violent.—

She has been an insane patient before.

Name and Medical Designation, W. S. Kerr M D &c

Place of Abode, Dumfries

Dated this 30th day of August One thousand eight hundred and Eighty four years.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I William Young Harries Shortt Honorary Sheriff-Sub of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) George Steel Newington Lodge, Annan Certificates under the hands of Alexander Dall Macdonald and William Smith Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Janet Steel, Newington Lodge, Annan (Petro wife) and that the said Mrs Janet Steel is a (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 Janet Steel as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Janet Steel which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Second day of September, One thousand eight hundred and eighty four.

C. M. K.

To the Medical Superintendent of the Crichton Royal Institution, Dumfries. } W. H. Shortt

Name, Mrs Janet Steel

Date of Admission, 30th August 1884

No. 1082

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries & Galloway and his Substitutes,—

The Petition of James Grieve humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Adam Scott, your Petitioner's (3) Pauper, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Adam Scott to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

James Grieve

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Thirty First (4) day of August One thousand eight hundred and eighty four 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,	Adam Scott.
2. Sex and Age,	Male. 42 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Joiner
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Annanside, Moffat—
7. Place where Found and Examined,	Annanside, Moffat—
8. Length of time Insane,	10 Days
9. Whether First Attack,	Third attack
10. Age (if known) on First Attack,	Not known
11. When and where previously under Examination and Treatment,	June 1881, Crichton Royal Institution
12. Duration of Existing Attack,	10 Days
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	Not known
15. Whether Suicidal,	Not in meantime
16. Whether Dangerous to others,	May become so
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Moffat
18. Date of becoming Chargeable,	31st August 1884
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Barbara Scott—Wife—Annanside Moffat. None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 31st day of August One thousand eight hundred and eighty four years

(*To be signed by Party applying*) James Grieve

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, Edward de Warren Hutchinson being a (1) Doctor of Medicine 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) Annanside Moffat in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Adam Scott a pauper patient, joiner of Annanside Moffat and that the said Adam 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) He is very violent using very bad language, and abusing people whom he is very friendly with when in his proper mind, and is under the control of no one breaking out into frenzies from no cause

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) states that his present mood is very different to his usual one & that when well he is kind and affectionate and that now he is brutal, and uses bad language continuously

Name and Medical Designation, Edward de Warren Hutchinson

Place of Abode, ~~Present abode High Street~~ High St. Middlington

DATED this 31st day of August One thousand eight hundred and eighty 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.

I, the undersigned, Wm. D'Ogly Grange being a (1) Doctor of Medicine & Master in Surgery of the University of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Annan Side Moffat in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Adam Scott of Annanside Moffat, Pauper and that the said Adam 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) Violent alternates language of the lowest kind with pr[illegible] Fancies he has a black hand. At one m[illegible] friendly the next hostile

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) That the same delirious state is conti[illegible] (wife & cousin).

Name and Medical Designation, Wm. D'Ogly Grange

Place of Abode Mansfield House Mo[illegible]

DATED this thirty first day of August One thousand eight hundred and eighty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Edward de Warren Hutchinson being (1) a Doctor of Medicine (Edinbro) hereby certify, on soul and conscience, that I have this day, at (2) Annanside Moffat in the County of Dumfries, seen and personally examined Adam Scott, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

E. de W. Hutchinson M D.

Dated this 31st day of August One thousand eight hundred and eighty four.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

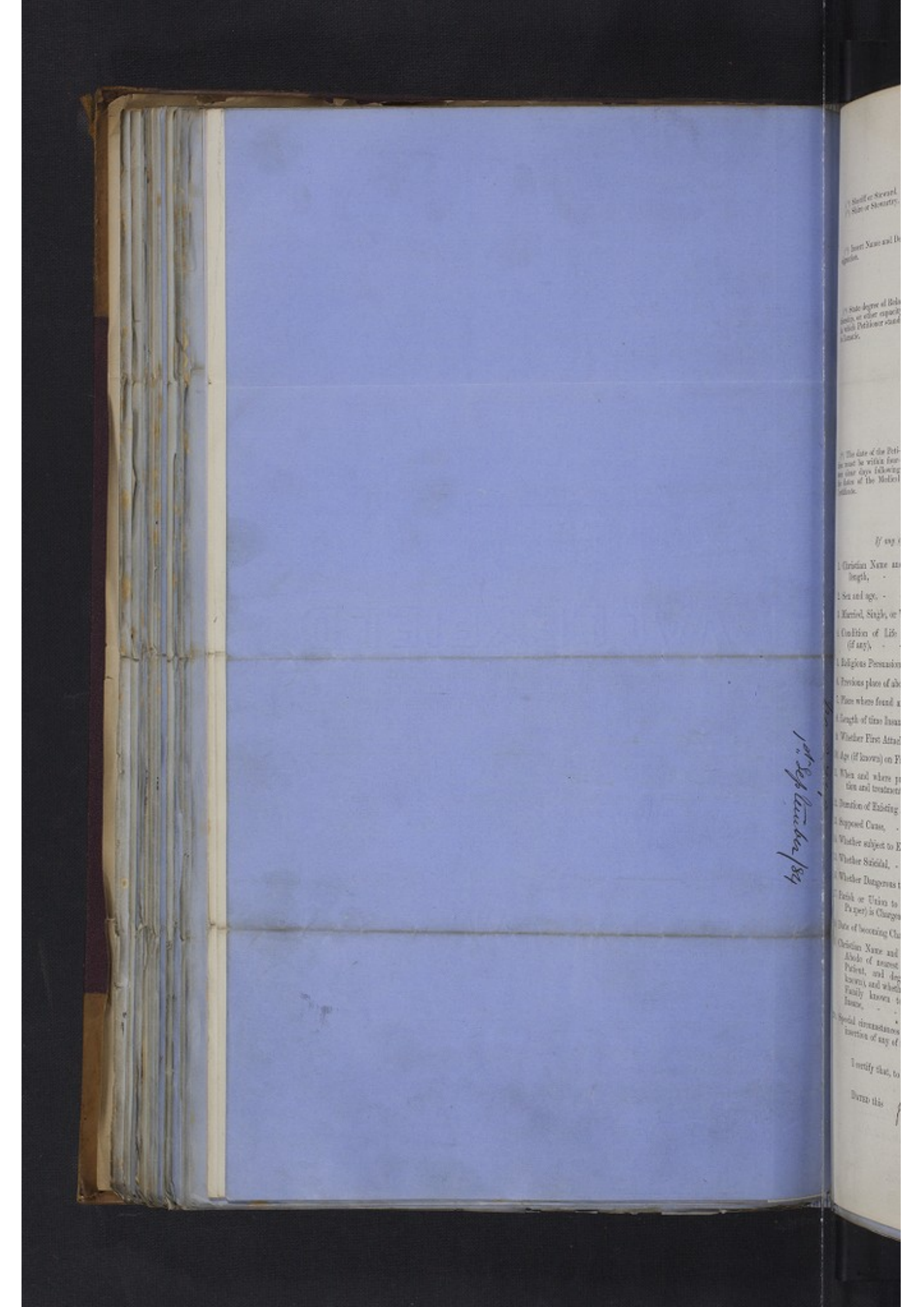
I, James Bruce (1) Armiary Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) James Grieve Inspector of Poor Moffat, Certificates under the hands of Edward de Warren Hutchinson and William Doyle Grange, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Adam Scott Joiner Annanside Moffat a Pauper and that the said Adam Scott is a (5) person of unsound mind a Lunatic, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Adam Scott 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 Adam Scott which accompanied the said Petition.

Dated this First day of September One thousand eight hundred and eighty four.

James Bruce Army S.S.

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.



25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) the shire of Dumfries
and his Substitutes.

(3) Insert Name and Designation.

The Petition of (3) John Hamilton Inspector of Poor Forthwald,
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that James Bell, Collin, Forthwald,

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) pauper
is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Bell, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

John Hamilton Inspector

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this first — (5) day of September One thousand eight hundred and eighty four 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 Bell
2. Sex and age,	male — 14 years.
3. Married, Single, or Widowed,	single
4. Condition of Life and previous Occupation (if any),	nil
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	Glencaber, Holywood.
7. Place where found and examined,	Collin Village, Forthwald.
8. Length of time Insane,	4 months.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	14 years.
11. When and where previously under Examination and treatment,	at home.
12. Duration of Existing Attack,	4 months.
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	Yes.
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkgunzeon or Kirkpatrick Durham
18. Date of becoming Chargeable,	1st September 1884
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Bell Collin Forthwald.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this first — day of September One thousand eight hundred and eighty four years.

(To be signed by the Party applying). John Hamilton
Inspector
Poor
Forthwald

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Ingleston, Jongray.
2. Character of Education,	
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No - first attack.
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	Particulars cannot be obtained
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	Parents alive - home.
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Is supposed to have had a fright or fall.
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	mental shock.
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	alteration of conduct & disposition, refused food, sleeplessness & the use of filthy & profane language
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	sleeplessness, pain in head, refusal of food —
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	impediment in speech
13. What changes have taken place in his bodily symptoms?	paces motions in bed —
14. Is he dirty, destructive, untidy, or obscene?	Yes —
15. Has he threatened or attempted violence to himself? If so, in what way?	Yes. Threatened suicide & drown
16. Has he threatened or attempted violence to others? If so, in what way?	Yes — throwing articles about
17. How long has he been insane?	about four months —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, James Hunter Dryden being (1) Licentiate of the Royal College of Surgeons hereby certify, on soul and conscience, that I have this day, at (2) Collin Village in the County of Dumfries —, seen and personally examined James Bell, a pauper —, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J Hunter Dryden

DATED this first day of September One thousand eight hundred and eighty four years —

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, James Hunter Dryden
being a (1) Licentiate of the Royal Colleges of Physicians and 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) Collin village, Torthorwald in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Bell a pauper
and that the said James Bell is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6)

(6) *State the Facts.*

He is dull and stupid & cannot answer questions intelligently, he talks incoherently His habits are dirty & indecent He threatens those in the house with violence

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

His mother informs me that on the 30th Augt. 1884 he made three attempts on his own life and that he has struck her several times, & has used threatening language to those living in the same house

Name and Medical Designation, James Hunter Dryden M.R.C.P.S.E.

Place of Abode, 39 Castle Street, Dumfries

DATED this first day of September One thousand eight hundred and eighty four years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, William Smith Kerr
being a (1) Fellow of Glasgow University &c
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Collin Torthorwald Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) James Bell a pauper
and that the said James Bell is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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.*

His countenance shows signs of mental derangement He lies curled up in bed, will not speak, shakes the head in an epileptic manner, sometimes quite demented.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

His mother & neighbours are afraid of him. He becomes so violent and dangerous to himself and others, that they have to watch him constantly.

Name and Medical Designation, W. S. Kerr M.D. &c

Place of Abode, Dumfries

DATED this 1st day of Sept. One thousand eight hundred and Eighty four Years.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I William Young Herries Knott, Honorary Sheriff-Sub of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Hamilton Inspector of Poor Torthorwald Certificates under the hands of James Hunter Dryden and William Smith Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Bell, Collin Torthorwald (a Pauper) and that the said James 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 James Bell as a Patient into the ~~Crichton Royal Institution~~ Southern Counties Asylum for the Insane at Dumfries, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Bell which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Second day of September One thousand eight hundred and eighty four. three words deleted.

W. H. Knott

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, James Bell

Date of Admission, 2 September 84

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap. 54, Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries and Galloway, *and his Substitutes,—*

The Petition of Miles Mc Dowall, Inspector of Poor, Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Goulden

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Inspector of Poor is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Goulden — to the Southern Counties Asylum and to sanction his admission into the said Asylum.

two words deleted

Miles Mc Dowall

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Sixth (4) day of September One thousand eight hundred and Eighty Four 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 Goulden
2. Sex and Age,	Male – 22 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Hatchmaker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	35 Loreburn Street
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	4 months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	Nowhere
12. Duration of Existing Attack,	4 months
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	6th Sept. 1884
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Goulden, Upholsterer, 35 Loreburn St Dumfries, Father.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Sixth day of September One thousand eight hundred and Eighty four years

(*To be signed by Party applying*) Miles Mc Dowall
Inspector of Poor
Dumfries

MEDICAL CERTIFICATE, No. I.

(2) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(3) Physician or Surgeon, or otherwise, *as the case may be.*

(4) *Insert the street, and number of the house (if any), or other like particulars.*

(5) *Insert Designation and Residence, and if a Pauper state so.*

(6) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(7) *State the facts.*

(8) *State the information, and from whom derived.*

I, the undersigned, William Marshall
being a (2) Graduate of the faculty of Physicians & Surgeons Glasgow and college of the United States
and being in actual practice as a (3) physician
hereby certify, on soul and conscience, that I have this day, at (4) 35 Lombard
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (5) James Goldie (a pauper)
and that the said James Goldie is a (6) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (7) talks incoherently seems uneasy and looks frightened when asked questions appears unable to collect his thoughts and appears to have forgotten all his friends and acquaintances

2. Other facts (if any) indicating Insanity communicated to me by others: (8)
his father states that he cannot take his other children to his care as sometimes becomes violent

Name and Medical Designation, W Marshall M.D. &c

Place of Abode, 27 Buccleuch St Dumfries

DATED this 5th day of Sept. One thousand eight hundred and eighty four years

MEDICAL CERTIFICATE, No. II.

(2) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(3) Physician or Surgeon, or otherwise, *as the case may be.*

(4) *Insert the street and number of the house (if any), or other like particulars.*

(5) *Insert Designation and Residence, and if a Pauper state so.*

(6) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(7) *State the facts.*

(8) *State the information, and from whom derived.*

I, the undersigned, Richard B. Lorraine
being a (2) Graduate of Edinburgh University
and being in actual practice as a (3) Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (4) 35 Lombard
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (5) James Goldie (a pauper)
and that the said James Goldie is a (6) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (7) says he has quite invisible for 3 weeks. his father to look after him else he will break furniture talks very much, has come about burning his father & drinking to pray

2. Other Facts (if any) indicating Insanity communicated to me by others: (8)
his father says he is obstreperous breaking anything he can lay hold of struck his wife with a stick without

Name and Medical Designation, R B Lorraine M.B.

Place of Abode 16 Castle St Dumfries

DATED this the fifth day of September One thousand eight hundred and eighty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Richard B. Lorraine
being (1) Graduate of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) 35 Loreburn St Dumfries
in the County of Dumfries, seen and personally examined
James Goldie (a pauper), and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Richard B. Lorraine

DATED this fifth day of September One thousand eight hundred and eighty four

(1) State medical qualification.

(2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Dennistoun Scott Armoury Sheriff-Substitute,
of the (3) County of Dumfries,
having had produced to me, with a Petition at the instance of (4) Miles McInnes
Inspector of Poor Dumfries
Certificates under the hands of William Marshall
and Richard B. Lorraine, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) James Goldie, Upholsterer, 35 Loreburn St Dumfries and that the said James Goldie, is a (6) person of unsound mind (a pauper)
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Goldie as a Patient into the (7) Public Asylum of Southern Counties, and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Goldie, which accompanied the said Petition.

DATED this Sixth day of September, One thousand eight hundred and eighty four.

W. H. Scott

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) *of the* (2) *of and his Substitutes,—*

The Petition of Edmund Wason Hinds, Painter Kirkton Stewart humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James William Hinds, Painter, Whitthorn your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James William Hinds to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other agency in which Petitioner stands to Lunatic.

Edmund Wason Hinds

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Seventh (4) day of September One thousand eight hundred and Eighty-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,	James William Hinds
Sex and Age,	Male Aged 28
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any),	Painter
Religious Persuasion, so far as known,	Presbyterian
Previous Place of Abode,	Whitthorn
Place where Found and Examined,	Whitthorn
Length of time Insane,	Three Days
Whether First Attack,	yes
11. Age (if known) on First Attack,	—
12. When and where previously under Examination and Treatment,	Three Days
13. Duration of Existing Attack,	Not Known
14. Supposed Cause,	No
14. Whether subject to Epilepsy,	Doubtful
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	—
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	Mrs Georgina Hinds Whitthorn Wife a Sister Affected Mentally
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventh day of September One thousand eight hundred and Eighty

(*To be signed by Party applying*) Edmund Wason Hinds

P. P.

MEDICAL CERTIFICATE, No. 1.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John R Dobie M.B.
being a (2) Bachelor of Medicine and C
Master in Surgery of Edinburgh Universit
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Main
Lubithorn, Wishaw in the County
Wishaw separately from any other Medical Practitioner,
visited and personally examined (4) James William
Hinds and t
the said James William Hinds 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.:—

(3) *State the facts.*

1. Facts indicating Insanity observed by myself: (3) He is very
And has periodic attacks of great violence throwing
arms about and invoking divine protection against
sometimes he presents his fists, threatening, as if
some one and at other times draws himself down
violent paroxysm, he attempts to throttle his attendants.

(3) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (3)
wife tells me that he imagined the
the the devil and became very excited, tha
pursue him. He once seized the father violently a
says himself that he drew rings of blood from

Name and Medical Designation, John R Dobie

Place of Abode, Lubithorn - Wishaw

DATED this Seventh day of September One thousand ei
hundred and eighty 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.

I, the undersigned, Robert Bird Selby
being a (2) Doctor of Medicine of Edinburgh University a
Licentiate of the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) General Medical Practition
hereby certify, on soul and conscience, that I have this day, at (3) Whithorse
in the County
Wishaw separately from any other Medical Practitioner,
visited and personally examined (4) James William Hinds,
Painter Whithorse and t
the said James William Hinds 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.:—

(3) *State the facts.*

1. Facts indicating Insanity observed by myself: (3)
Saw him in a paroxysm of excitement
talks incoherently about duel with the devil
about shooting straight through his tongue

(3) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (3)
Mrs Riley & Cruickshank Allan - states - in her sen
several paroxysms of excitement - foreseeing Satan was pre
and declaring he had killed no person

Name and Medical Designation, Robert B Selby M.D

Place of Abode Portobillaire

DATED this 7th day of September One thousand ei
hundred and eighty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Mackie Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Edmund Wason, Painter Newton Stewart
Certificates under the hands of John R. Dobie, M.B. Whithorn and Robert B Selby M.D. & L.R.C.S.I. Whithorn, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James William Hinds, Painter, Whithorn and that the said James William Hinds is a (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 William Hinds 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 James William Hinds which accompanied the said Petition.

DATED this eighth day of September One thousand eight hundred and eighty four

Wm Mackie

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

James William Hinds

8 Sept. 84

7922. [Form B.]

25 and 26 Vict. Cap. 54, Sect. 16.

GENERAL BOARD OF LUNACY SCOTLAND 16 SEP 84

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Christopher D. Richardson Inspector of Hutton being desirous to transfer Effie Livingston or Carson at present a Patient in Govan Parochial Asylum Govan and (1) a Pauper Lunatic of the parish of Hutton I am Inspector of Poor, from the said Asylum to the Southern Counties Asylum Dumbreck hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Effie Livingston or Carson and a Medical Certificate with respect to her mental and bodily condition.

(1) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

C. Richardson

(2) Inspector of Hutton

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

Dated at Castle Douglas this Eleventh day of September One thousand eight hundred and eighty four

STATEMENT.

1. Christian Name and Surname of Patient at length,	Effie Livingston or Carson
2. Sex and Age,	female: 29
3. Married, Single, or Widowed,	married
4. Condition of Life, and Previous Occupation (if any),	Weaver
5. Religious Persuasion, so far as known,	Roman Catholic
6. Date of Admission into Asylum,	16. November 1883
7. Length of time Insane,	about a year
8. Whether first Attack,	Yes - intermittently for the last 4 or 5 years
9. Age (if known) on first Attack,	29
10. Duration of existing Attack,	Ten months
11. Supposed Cause,	Childbirth
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	Doubtful
14. Whether Dangerous to others,	No
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Kelton Castle-Douglas
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Husband. James Carson 20 Rutland Crescent Paisley Road Glasgow Not known

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) C. Richardson

Dated this Eleventh day of September One thousand eight hundred and eighty four

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned William Riddell Watson being (1) a Licentiate of the Royal College of Surgeons of Edin. hereby certify that I have this day at (2) Govan Parochial Lunatic Asylum personally examined Jessie Livingston or Carson at present a Patient in said Asylum, and with respect to her Mental State that she is insane. She is melancholic - She takes no interest in her surroundings, her memory is defective and she needs to be reminded to take her food - put on and take off her clothes and do simple duties - She will not do any work ; and with respect to her Bodily Health and Condition that they are fairly good

Po 2754
Jessie Livingston or Carson
17th Sept. 84

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Southern Counties, Dumfries

W R Watson L.R.C.S.

Dated this Thirteenth day of September One thousand eight hundred and Eighty four years

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SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

Application having been made to the Board by (1) the Inspector of Poor, parish of Kelton to authorize the transfer of Jessie Livingstone or Carson from Govan Parochial Asylum to Southern Counties Asylum, Dumfries and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Jessie Livingston or Carson as requested.

(2) Valid for fourteen days from date.

John Sibbald Commissioner.

Dated at Edinburgh, this 16th day of September One thousand eight hundred and eighty-four.

Date of Sheriff's Order :-
16th November 1883.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) — *of* Dumfries & Galloway *and his Substitutes,* — for the Stewartry of Kirkcudbright

The Petition of Charles Lyndsay and Inspector of Poor for the Parish of Kirkcudbright humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Douglas or Gourlay your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Douglas or Gourlay to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

C Gourlayson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Seventeenth (4) day of September One thousand eight hundred and Eighty 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,	Janet Douglas or Gourlay
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,	As in previous Statement
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. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 17th day of Sept One thousand eight hundred and Eighty Four

(*To be signed by Party applying*) C Gourlayson

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Wm Johnstone
being a (1) M. D of Edin.

and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the Court house Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Janet Douglas or Gowling and that the said Janet Douglas or Gowling is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 very violent in her conduct.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) as above.

Name and Medical Designation, Wm Johnstone M.D.

Place of Abode, Kirkcudbright

DATED this 17 day of September One thousand eight hundred and eighty 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.

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
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. :—

(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)

Name and Medical Designation,

Place of Abode

DATED this day of One thousand eight hundred and

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Wm Johnstone
being (1) M. D. Edin.
hereby certify, on soul and conscience, that I have this day, at (2) Kirkcudbright
in the County of Kirkcudbright, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Wm Johnstone M.D.

Dated this 17th day of September One thousand eight hundred and 84.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Macartney Gordon (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Charles Finlayson
Inspector of Poor for the parish of Kirkcudbright
Certificates under the hands of Wm Johnstone Esq. M.D. Kirkcudbright
and , being a Medical Person
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Janet Douglas or Gourlay and that the said
is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Douglas or Gourlay as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Douglas or Gourlay which accompanied the said Petition.

Dated this Seventeenth day of September One thousand eight hundred and Eighty four

Rob Gordon J.P.

To the Superintendent of the (7) Asylum of

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Janet Sowday or
Douglas
17th Sept 1894

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Dumfries & Galloway ~~Stewartry~~ of ~~Kirkcudbright~~ *and his Substitutes,—*

The Petition of William McNaught Shoemaker C. D.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert McNaught your Petitioner's (3) Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert McNaught to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

William Mc Naught

DATED this 18th (4) day of September One thousand eight hundred and 84

(4) The date of the Petition must be within fourteen clear days allowing the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Robert McNaught
2. Sex and Age,	male. 27
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Medical Student
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Castle Douglas
7. Place where Found and Examined,	Castle Douglas
8. Length of time Insane,	3 years
9. Whether First Attack,	Never previously received into asylum
10. Age (if known) on First Attack,	22
11. When and where previously under Examination and Treatment,	Crichton & Southern Counties
12. Duration of Existing Attack,	3 years
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	not much so
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William McNaught Castle Douglas Father No
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 18th day of September One thousand eight hundred and 84

(*To be signed by Party applying*) William Mc Naught

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, Walter Lorraine
being a (1) Graduate of Edin University

and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Rockstone Place
Castle Douglas in the County of
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Robert McNaught
and that
the said Robert McNaught is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) answers questions
incoherently and by talking of matters to
incomplete with the subject enquired about
He has been in the Asylum 5 years & has only
5 weeks with no improvement

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Walter Lorraine M.
Place of Abode, Castle Douglas

DATED this 18th day of Sep One thousand eight
hundred and eighty 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.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Nivison
being a (1) Graduate of Edinburgh University

and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Rockstone Place
Castle Douglas in the County of
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Robert McNaught
and that
the said Robert McNaught is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Has a somewhat wild & wandering look
of the eye, talks incoherently and frequently
muttering to himself about matters unconnected
with the subject of conversation

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
He has been in Asylum for about
five years.

Name and Medical Designation, John Nivison M.
Place of Abode, Castle Douglas

DATED this 18th day of September, One thousand eight
hundred and eighty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and .

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle of Kyle (1) Sheriff Substitute
of the (2) County of Ayr,
having had produced to me, with a Petition at the instance of (3) William McNaught
Shoemaker Castle Douglas
Certificates under the hands of Walter Lennie
and John Munro, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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 McNaught Medical Student residing in Castle Douglas and that the said
Robert McNaught 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 Robert McNaught as a Patient into the (7) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert McNaught which accompanied the said Petition.

DATED this Eighteenth day of September One thousand eight hundred and eighty four years

David Boyle Sh Sub

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 as Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway *and his Substitutes,*

(3) Insert Name and Designation.

The Petition of (3) Charles Finlayson. Inspector of Poor, Kirkcudbright humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Janet Douglas or Gourlay your Petitioner's (4) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Douglas or Gourlay to the ~~Crichton Royal Institution~~ Southern Counties Asylum for the Insane at Dumfries, and to sanction her admission into the said Asylum. Three words delet

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

Pro. Charles Finlayson
Miles Mc Innes

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 22nd (5) day of September One thousand eight hundred and Eighty Four 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 Douglas or Gourlay
2. Sex and age,	Female - 45 years
3. Married, Single, or Widowed,	Married
4. Condition of Life and previous Occupation (if any),	—
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	Kirkcudbright
7. Place where found and examined,	Town end Kirkcudbright & S.C. Asylum
8. Length of time Insane,	Four days
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,	~~Eight~~ Four days
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	
16. Whether Dangerous to others,	sometimes so
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	~~Kirkcu~~ Kirkcudbright
18. Date of becoming Chargeable,	24th Sept. 1884
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	George Gourlay Town end Kirkcudbright Husband
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Want of information

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 22nd day of Sept One thousand eight hundred and Eighty Four years

(To be signed by the Party applying) Pro. Charles Finlayson
Insp. of Poor
Miles Mc Innes

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education. - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - -
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - -
16. Has he threatened or attempted violence to others? If so, in what way? - -
17. How long has he been insane? - - -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, James Kerr
being (1) M. B. H. C. M. of University of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Southern Counties Asylum
in the County of Dumfries, seen and personally examined
Janet Douglas or Gourlay, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Kerr M. B. C. M.

DATED this 20th day of September One thousand eight hundred and eighty-four.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE—No. I.

I, the undersigned, James Keer being a (1) Bachelor of Medicine and Master of Surgery 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) Janet Douglas or Gourlay and that the said Janet Douglas or Gourlay is a (5) person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6)

(6) *State the Facts.*

She is restless excited and incoherent, also violent in her conduct.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, James Keer M.B. C.M.

Place of Abode, Castle Street Dumfries.

DATED this 20th day of September One thousand eight hundred and eighty-four.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal Colleges of Surgeons & Physicians, Edinburgh and being in actual practice as a (2) physician Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Douglas or Gourlay a pauper and that the said Janet Douglas or Gourlay is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) She is excited, violent in demeanour, she talks incoherently, her expression & demeanour indicate insanity

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J Hunter Dryden M.B. C.M.

Place of Abode, 39 Castle St Dfs

DATED this twentieth day of September One thousand eight hundred and eighty four June

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Charles Finlay Inspector of Poor Kirkcudbright Certificates under the hands of James Kerr and James Hunter Dryden, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Douglas or Goudlay Townend Kirkcudbright and that the said Janet Douglas or Goudlay is a (5) pauper person of unsound mind

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Douglas or Goudlay as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Douglas or Goudlay which accompanied the said Petition.

DATED this Twenty second day of September One thousand eight hundred and eighty four.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Janet Douglas or Goudlay

Date of Admission, 22nd Sept. 84

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict.*, *Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Lothians and Peebles *and his Substitutes*—

The Petition of Geo A. Sharp, 11 Trinity Crest humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Georgina Sharp (Reid) your Petitioner's (3) Mother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Georgina Reid or Sharp to the Dumfries, Royal Institution ~~Carnwell~~ Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Geo A Sharp

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Fifteenth (4) day of September One thousand eight hundred and eighty four 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,	Georgina Reid or Sharp
2. Sex and Age,	(Female) 58 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Lady in reduced circumstances
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	60 Hawthornvale, Newhaven Road
7. Place where Found and Examined,	11 Trinity Crest Trinity
8. Length of time Insane,	about two years (at intervals)
9. Whether First Attack,	No ~~first attack~~
10. Age (if known) on First Attack,	56 years
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	various short periods
13. Supposed Cause,	excitement owing to supposed neglect after illness, by friends
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Jessie F Reid or Taylor, No 122 Gilmore Place Edinburgh, Sister) No member of Family known to be or to have been Insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Fifteenth day of September One thousand eight hundred and eighty four years.

(*To be signed by Party applying*) Geo A Sharp

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Donald R Murray
being a (1) MB+CM

and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 11 Trinity Cres
Trinity in the County o
Edinburgh separately from any other Medical Practitioner
visited and personally examined (4) Georgina ~~Reid~~ Sharp and the
the said Georgina ~~Reid~~ Reid Sharp is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

(1) She talks in an incoherent manner and repeatedly puts the
questions to me which are quite irrelevant She suffers from intens
excitement for which there is no cause. Her memory is quite gone he
cant remember how long she has resided in the District. Cannot
in a continued & rational Conversation Talks of a Cousin often who he
dead for years as being attended her sometimes & who has long a
(2) Person informs me she is violent & deliberately breaks dishes & th
articles in the house. The neighbours complain of her talking a
pitch of voice during the night. Heard loud noises of the most & vul
and blasphemous language. pointing them from stepping

Name and Medical Designation, Donald R Murray MB

Place of Abode, 41 Albany St Leith

DATED this twelfth day of September One thousand eigh
hundred and eighty 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.

Thomas W. Jackson
I, the undersigned, Donald R Murray
being a (1) MB. CM.

and being in actual practice as a (2) Surgeon 11 Trinity
hereby certify, on soul and conscience, that I have this day, at (3) Crescent Trinity in the County o
Edinburgh separately from any other Medical Practitioner
visited and personally examined (4) Georgina ~~Reid~~ Reid or Sharp and the
the said Georgina ~~Reid~~ Reid Sharp is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, 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
slightly in manner & irrational in conver
She has no recollection of facts or date of recent eve
States that a sister of hers died of Insanity not having
one. She laughs & cries alternately without any reas

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her son states that she is violent & during her paroxysm
breaks crockery articles of domestic use & wont believ
She reasons that she has done so. The neighbours have co
& the Police of her disconsolate & noisy unbecoming conduct
sleeping hours.

Name and Medical Designation, T. W. Jackson M.

Place of Abode 6 Summerside Place,

DATED this Twelfth day of September One thousand eight
hundred and eighty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, being (1) M.B.C.M. Donald R. Murray
hereby certify, on soul and conscience, that I have this day, at (2) 11 Trinity Crescent Trinity in the County of Edinburgh, seen and personally examined Georgina Reid or Sharp, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Donald R. Murray M.B.

DATED this twelfth day of September One thousand eight hundred and eighty four years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Robertson Baxter (1) Sheriff Substitute of the (2) Midlothian having had produced to me, with a Petition at the instance of (3) Gorge A Sharp 11 Trinity Crescent Trinity, near Edinburgh Certificates under the hands of Donald R. Murray M.B.C.M. and Thomas W. Jackson M.B.C.M., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Georgina Reid or Sharp Petitioners Mother and that the said Georgina Reid or Sharp is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Georgina Reid or Sharp as a Patient into the (6) Gartnavel Asylum of Glasgow and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Georgina Reid or Sharp which accompanied the said Petition.

DATED this Fifteenth day of September One thousand eight hundred and eighty four.

John R. Baxter

To the Superintendent of the (7) Gartnavel *Asylum of* Glasgow

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Edinburgh 23rd September 1884

The Sheriff Substitute of Midlothian on the motion of the Petitioner who stated that he had been unable to make an arrangement for the reception of the Patient Georgina Reid or Sharp into the Gartnavel Asylum Glasgow, but that he had arranged for her reception into the Crichton Royal Institution, Dumfries, Substitute the Crichton Royal Institution, Dumfries for the Gartnavel Asylum in the preceding Order, and Authorises the transmission of the said Georgina Reid or Sharp to said Crichton Royal Institution, Dumfries, accordingly.

John R. Baxter

To the Superintendent of the Crichton Royal Institution of Dumfries.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries and Galloway *and his Substitutes,*—

The Petition of Miles McInnes, Inspector of Poor, Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Hugh Dickson or Mowbray your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Hugh Dickson or Mowbray to the Southern Counties Asylum and to sanction his admission into the said Asylum. Two words debt

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Miles McInnes

DATED this 26th (4) day of September One thousand eight hundred and eighty four years.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Hugh Dickson or Mowbray
2. Sex and Age,	Male – 34 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	– Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	St Michael Street
7. Place where Found and Examined,	Dumfries & Galloway Royal Infirmary
8. Length of time Insane,	a few days
9. Whether First Attack,	No
0. Age (if known) on First Attack,	–
1. When and where previously under Examination and Treatment,	S.C. and Morningside Asylums
2. Duration of Existing Attack,	a few days
3. Supposed Cause,	Not known
4. Whether subject to Epilepsy,	No
5. Whether Suicidal,	Yes
6. Whether Dangerous to others,	Yes sometimes
7. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
8. Date of becoming Chargeable,	25th September 1884
9. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Isabella Ashley, wife, resident somewhere in Carlisle No
0. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 25th day of September One thousand eight hundred and Eighty four years

(*To be signed by Party applying*) Miles McInnes
Imp'g Poor
Dumfries

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Alexander Marshall being a (1) Graduate of the Faculty of Physicians & Surgeons 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) Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Hugh Dickson a Monomaniac and that the said Hugh Dickson a Monomaniac 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) Declares there is a hole in his head made by electricity and spirits, melancholy & despair manifested by constant sighing & tears he states he has no fear of

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr Jones surgeon at Infirmary states that he has been attempting suicide

Name and Medical Designation, Alexr Marshall M.D. & L.R.C.P.

Place of Abode, 21 Buccleuch St Dumfries

DATED this 26th day of Sept One thousand eight hundred and eighty 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, Alexander Ogilvie Macdonald being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Dumfries Galloway Royal Infirmary in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Hugh Dickson a Pauper St Michael St and that the said Hugh Dickson a Monomaniac 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) Is excitable and sleepless refuses to eat and talks on many subjects very rationally

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Dr James Ken tells me he endeavoured to commit suicide three times by Knife and Poison

Name and Medical Designation, A Ogilvie Macdonald M.D.

Place of Abode Dumfries

DATED this 26th day of Sept One thousand eight hundred and eighty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Alexander Wall Macdonald being (1) a Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Dumfries & Galloway Royal Infirmary in the County of Dumfries, seen and personally examined Hugh Dickson or Mowbray, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

A Wall Macdonald MD

DATED this 25th day of Septr One thousand eight hundred and eighty four.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Miles McInnes Inspector of Poor Dumfries certificates under the hands of William Marshall and Alexander Wall Macdonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Hugh Dickson or Mowbray and that the said Hugh Dickson or Mowbray 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 Hugh Dickson or Mowbray as a Patient into the (6) Public Asylum of Southern Counties 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 Hugh Dickson or Mowbray which accompanied the said Petition.

DATED this twenty sixth day of September One thousand eight hundred and eighty four years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Asylum.

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Hugh Dickson in Macclesay

25th Sept. 84

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries and Galloway *and his Substitutes,*—

The Petition of William Wilson, Inspector of Poor, Holywood humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Craig your Petitioner's (3) pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Craig to the Southern Counties Asylum and to sanction her admission into the said Asylum. Two words delete

William Wilson

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

DATED this 26th (4) day of September One thousand eight hundred and eighty four years

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Janet Craig
2. Sex and Age,	Female 4[illegible]
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	House Keeper.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Glencaple
7. Place where Found and Examined,	Milliganton, Holywood
8. Length of time Insane,	A few days
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,	A few days
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Holywood
18. Date of becoming Chargeable,	September 26th 1884
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Ada Craig, Sister, Resident in Liverpool Yes Sister
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 26th day of September One thousand eight hundred and Eigty-four Years (*To be signed by Party applying*) William Wilson

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Richard B. Lorraine being a (1) Medical practitioner graduate Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Millegan Terrace Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Janet Craig (a pauper) and that the said Janet Craig Pauper, is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incessantly - incoherently - unable to answer questions correctly but wanders off to some other subject vacant.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

The person with whom she has been lodging says she sleeps very little. talks a good deal but no sense in what she says.

Name and Medical Designation, Richard B. Lorraine M.B.

Place of Abode, 16 Castle St. Dumfries

DATED this twenty sixth day of September One thousand eight hundred and eighty 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.

I, the undersigned, Hugh Cunningham being a (1) Licentiate of the Royal College of Physicians Edinburgh and of the Faculty of Physicians and Surgeons Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Craig, Pauper and that the said 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She talks incessantly and incoherently and has a maniacal look.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Captain Charteris informed me she was in the Southern Counties Asylum under treatment some years ago

Name and Medical Designation, Hugh Cunningham M.B.C.M.

Place of Abode 25 Castle Street, Dumfries

DATED this twenty seventh day of September One thousand eight hundred and eighty four years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Richard B Lorraine
being (1) Graduate of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) Milligan Dumfries
in the County of Dumfries, seen and personally examined
Janet Craig (Pauper), and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Richard B. Lorraine

DATED this twenty-sixth day of September One thousand eight hundred and eighty four.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Henry Scott (3) Sheriff Substitute
of the (4) County of Dumfries
having had produced to me, with a Petition at the instance of (5) William Milsom
Inspector of Poor Holywood
Certificates under the hands of Richard B Lorraine
and Hugh Cunningham, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6)
Janet Craig, Milligan Lane, Holywood (a pauper), and that the said
Janet Craig is a (7) Person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Craig as a Patient into the (8) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Craig which accompanied the said Petition.

DATED this Twenty seventh day of September One thousand eight hundred and eighty four.

W H Scott

To the Superintendent of the (9) Public
Asylum of Southern Counties
Dumfries

---

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(8) Public, District, Parochial, or Private.
(9) Public, District, Parochial, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of ~~the~~* (2) Dumfries and Galloway *and his Substitutes,*—

The Petition of Miles McInnes, Inspector of Poor, Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Thomson your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Alexander Thomson to the Southern Counties Asylum and to sanction his admission into the said Asylum. Two words delet

Miles McInnes

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

DATED this 1st (4) day of October One thousand eight hundred and Eighty Four years

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Alexander Thomson
2. Sex and Age,	Male - 63 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	— Minister
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Village Kirkpatrick Durham
7. Place where Found and Examined,	Buccleuch St & Castle St Dumfries
8. Length of time Insane,	Since 1849
9. Whether First Attack,	—
0. Age (if known) on First Attack,	—
1. When and where previously under Examination and Treatment,	S. C. Asylum from 1849 till Dec 1883
2. Duration of Existing Attack,	—
3. Supposed Cause,	Not known
4. Whether subject to Epilepsy,	No
5. Whether Suicidal,	No
6. Whether Dangerous to others,	No
7. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
8. Date of becoming Chargeable,	7th July 1849
9. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	—
0. Special circumstances (if any) preventing the insertion of any of the above particulars,	Want of information

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 1st day of October One thousand eight hundred and Eighty Four years

(*To be signed by Party applying*) Miles McInnes

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, William Marshall
being a (1) Graduate of the Faculty of Physicians and Surgeons 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) My own house
Dumfries
in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Alexr Thomson (a pauper)
and that
the said Alexander Thomson is a (5) Lunatic
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is mechanically
employed to knock down Stones quite unconscious
of the meaning of any question put to

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
the Inspector informs me that he is
always in fear of something happening
to the Parties with whom he

Name and Medical Designation, William Marshall M.D.

Place of Abode, Dumfries

DATED this 16th day of Oct One thousand eight
hundred and Eighty 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, Richard B. Lorraine
being a (1) graduate of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 16 Castle St.
Dumfries
Dumfries
in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Alexander Thomson a pauper
and that
the said Alexander Thomson is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) looks vacant
keeps talking continually to himself but
not so you can understand him, says
occasionally where he came from &

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mr M'Lennan says he has got very odd
in his habits, and he has recently got
the habit of wandering from home

Name and Medical Designation, Richard B. Lorraine M.D.

Place of Abode 16 Castle St Dumfries

DATED this first day of October One thousand eight
hundred and eighty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Miles McInnes
Inspector of Poor Dumfries
Certificates under the hands of William Marshall
and Richard B Lorraine , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Alexander Thomson Village Kirkpatrick Durham a pauper
and that the said
Alexander Thomson 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 Alexander Thomson as a Patient into the (6) Public Asylum of Southern Counties and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alexander Thomson which accompanied the said Petition.

DATED this First day of October One thousand eight hundred and eighty four

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries United States,—

The Petition of John Sturk Insp. of Poor. Johnstone,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Gibson

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Gibson to the Southern Counties Asylum and to sanction his admission into the said Asylum.

John Sturk

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 4th (4) day of October One thousand eight hundred and eighty 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 Gibson
2. Sex and Age,	Male Single
3. Married, Single, or Widowed,	
4. Condition of Life, and previous Occupation (if any),	Attendant in South Counties Asylum
5. Religious Persuasion, so far as known,	—
6. Previous Place of Abode,	South Counties Asylum
7. Place where Found and Examined,	Hartfield Johnstone, & County Buildings (Dumfries
8. Length of time Insane,	about one week
9. Whether First Attack,	No
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	South Counties Asylum
12. Duration of Existing Attack,	about one week
13. Supposed Cause,	
14. Whether subject to Epilepsy,	Not known
15. Whether Suicidal,	
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Johnstone
18. Date of becoming Chargeable,	4 Oct 1884
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	—
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Want of information

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 4th day of October — One thousand eight hundred and eighty four

(*To be signed by Party applying*) John Sturk

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 [illegible]
being a (1) Graduate of the [illegible] Edinburgh and College of Physicians London
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Court Building Dumfries in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) John Gibson Workington and that the said John Gibson 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 Raves Cries Keeps in a constant state of excitement & Violent manner

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Reports the same as above Also James Hughes Attendant from whom I obtained

Name and Medical Designation, A Marshall M.D.

Place of Abode, Dumfries

DATED this 17th day of Octr One thousand eight hundred and Eighty 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, Alexander Dale MacDonald
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) Licensed Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) The Court Building Dumfries in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) John Gibson Workington Cote Asylum and that the said John Gibson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) is very excited and quite incoherent. He raves & shouts & says just a jumble of

(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 Asylum before and became violent during last month as told me by James Hughes Attendant from whom he obtained

Name and Medical Designation, A Dale MacDonald

Place of Abode, Dumfries

DATED this 17th day of October One thousand eight hundred and Eighty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Alexander Dall MacDonald being (1) graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) County Buildings in the County of Dumfries, seen and personally examined John Gibson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

A D MacDonald MD

DATED this fourth day of October One thousand eight hundred and eighty four

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Starke, Inspector of Poor, Johnstone, Certificates under the hands of William Marshall and Alexander Dall MacDonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Gibson, Hartfield, Johnstone (a Pauper) and that the said John Gibson, is a (5) person of unsound mind and a Lunatic, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Gibson 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 Gibson, which accompanied the said Petition.

DATED this Sixth day of October, One thousand eight hundred and eighty four.

David Boyle Hope

To the Superintendent of the (7) Public.
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — *of the* (2) Dumfries & Galloway — *and his Substitutes,*—

The Petition of Miles Mc Dowall, Inspector of Poor, Dumfries,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Percy,

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Percy, — to the Southern Counties Asylum, and to sanction his admission into the said Asylum.

Miles Mc Dowall

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Sixth (4) day of October, — One thousand eight hundred and Eighty Four 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 Percy
2. Sex and Age,	Male - 18 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Coachsmith
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	113 High St. Dumfries
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	Five 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,	Not known
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Dumfries
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	1st Oct. 1884
18. Date of becoming Chargeable,	George Percy, Sailor, Pauper Father resides at 113 High St. Dumfries. A brother was in the Asylum some time.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fourth day of October — One thousand eight hundred and Eighty Four years.

(*To be signed by Party applying*) Miles Mc Dowall
Inspector of Poor P.A.
Dumfries

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(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 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) 143 High St
Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Robert Percy (a Pauper)
and that
the said Robert Percy is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Seems very much
depressed in Melancholia. States he
hears voices of an Extreme Character
for the Safety of his Soul &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His father states that he has been
for Months past very strange in his
manner and has spent long hours in Prayer &c

Name and Medical Designation, William Marshall M.D.

Place of Abode, Dumfries

DATED this 4th day of October One thousand eight
hundred and eighty 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.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Richard B. Lorraine
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 143 High St.
Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Robert Percy (a Pauper)
and that
the said Robert Percy is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Seen very much depressed and quiet. says he is troubled with voices which annoy him - wants to be married - says one night he went for the police because he was annoying him

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mr Facken says they have to watch him nights for going out - & they restrain him Continually having delusions about Christ annoying him

Name and Medical Designation, Richard B. Lorraine M.B.

Place of Abode 16 Castle St Dumfries

DATED this fourth day of October One thousand eight
hundred and eighty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Richard B. Lorraine
being (1) graduate of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) 143 High St. Dumfries
in the County of Dumfries, seen and personally examined
Robert Percy (a pauper), and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Richard B. Lorraine M.B.C.M.

DATED this fourth day of October One thousand eight hundred and forty four.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Miles McLennan,
Inspector of Poor, Dumfries
Certificates under the hands of William Marshall
and Richard B. Lorraine, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Percy, bachelor, 143 High St. Dumfries (a pauper) and that the said Robert Percy is a (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 Percy 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 Robert Percy which accompanied the said Petition.

DATED this sixth day of October, One thousand eight hundred and eighty four.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of
Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Robert Percy
4th October 84

4946.

[Form B²]

25 and 26 Vict. Cap. 54, Sect. 16.

GENERAL BOARD OF LUNACY FOR SCOTLAND 6 OCT 84

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned
being desirous to transfer John Sproat
at present a Patient in the Royal Edinburgh Asylum, and (¹) whose nearest Relative I am,
from the said Asylum to the Crichton Royal Institution, hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said John Sproat and a Medical Certificate with respect to his mental and bodily condition.

(¹) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

Jean Sproat

(²) Mother

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

Dated at this day of
one thousand eight hundred and

STATEMENT.

Christian Name and Surname of Patient at length,	John Sproat
Sex and Age,	Male, 35 years
Married, Single, or Widowed,	Single
Condition of Life, and Previous Occupation (if any),	Farmer
Religious Persuasion, so far as known,	Protestant
Date of Admission into Asylum,	8th February 1878
Length of time Insane,	eleven years & four months.
Whether first Attack,	third attack
Age (if known) on first Attack,	21 years
Duration of existing Attack,	eleven years & four months.
Supposed Cause,	"Constitutional"
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	No
Parish to which the Lunatic (if a Pauper) is Chargeable,	Private
Christian Name 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 Jean Sproat (mother) Auchengasset, Twynholm Kirkcudbrightshire "Yes".

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Jean Sproat

Dated this day of One thousand eight hundred and

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(2) State Medical Qualification.
(3) Name Asylum.

I, the undersigned Thomas Smith Clouston Edin. being (1) a Fellow of the College of Physicians Edin. hereby certify that I have this day at (2) the Royal Edin. Asylum personally examined John Sproat at present a Patient in said Asylum, and with respect to his Mental State that he labours under many insane delusions e.g. that this is a hotel and he is incoherent in speech

; and with respect to his Bodily Health and Condition that they are good.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries.

T. S. Clouston M.D.

No 2764
John Sproat
10 October 84

DATED this 4th day of Octr One thousand eight hundred and 84.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) Mrs Jean Sproat, to authorize the transfer of John Sproat from Royal Edinburgh Asylum to Crichton Royal Institution, Dumfries, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the John Sproat as requested.

John Sibbald Commissioner

DATED at Edinburgh, this 6th day of October thousand eight hundred and eighty-four.

Date of Sheriff's Order - 14th Oct 1874

4945.

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

GENERAL BOARD OF LUNACY 6 OCT 84 SCOTLAND

I, the undersigned Collin Threlkeld being desirous to transfer Michael Threlkeld at present a Patient in the Royal Edinburgh Asylum, and (¹) whose nearest Relative I am from the said Asylum to the Southern Counties Asylum Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Michael Threlkeld and a Medical Certificate with respect to his mental and bodily condition.

(¹) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

C. Threlkeld

(²) Brother

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Appleby this 2nd day of October one thousand eight hundred and eighty four

STATEMENT.

1. Christian Name and Surname of Patient at length,	Michael Threlkeld
2. Sex and Age,	Male 43 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Clerk in Warehouse
5. Religious Persuasion, so far as known,	Church of England
6. Date of Admission into Asylum,	30th April 1878
7. Length of time Insane,	23 years
8. Whether first Attack,	yes
9. Age (if known) on first Attack,	19½ years
10. Duration of existing Attack,	23 years
11. Supposed Cause,	Hard reading on religious subjects
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	No
14. Whether Dangerous to others,	No
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Private
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Collin Threlkeld Esq., Grammar School, Appleby, Westmoreland None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) C. Threlkeld

DATED this 2nd day of October One thousand eight hundred and eighty four.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(2) State Medical Qualification.

(3) Name Asylum.

I, the undersigned Thomas Smith Clouston Edinr being (2) a Fellow of the College of Physicians Edinr hereby certify that I have this day at (3) the Royal Edinr. Asylum personally examined Michael Threlkeld at present Patient in said Asylum, and with respect to his Mental State that he is entirely incoherent in speech & cannot answer rationally the commonest questions.

; and with respect to his Bodily Health and Condition that they are good.

No 2765 Michael Threlkeld 10 Oct. 84

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries.

T. S. Clouston [illegible]

DATED this 4th day of Octr One thousand eight hundred and 84

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) Collin Threlkeld to authorize the transfer of Michael Threlkeld from Royal Edinburgh Asylum to Southern Counties Asylum, Dumfries and the Board having considered such application [illegible] the accompanying Medical Certificate, do hereby authorize the transfer (2) of the [illegible] Michael Threlkeld as requested.

John Sibbald Commissioner

DATED at Edinburgh, this 6th day of October. [illegible] thousand eight hundred and eighty-four.

Date of Sheriff's Order:— 9th February

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Sheriffdom of Dumfries and Galloway *and his Substitutes,—*

The Petition of James Christison, Inspector of Poor for the Parish of Kirkinner humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Mc. Dade your Petitioner's (3) pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Sarah Mc. Dade to the Southern Counties Asylum, Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Christison, Inspector of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this eighteenth (4) day of October One thousand eight hundred and eighty four

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Sarah Mc. Dade
2. Sex and Age,	18 years 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,	Protestant
6. Previous Place of Abode,	servant in Moorpark
7. Place where Found and Examined,	Kirkinner Village
8. Length of time Insane,	cannot say
9. Whether First Attack,	supposed to be
10. Age (if known) on First Attack,	18 years
11. When and where previously under Examination and Treatment,	nil
12. Duration of Existing Attack,	Say a few days
13. Supposed Cause,	Cannot say
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	Cannot say
16. Whether Dangerous to others,	Do.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkinner. but claim will be made on Penninghame
18. Date of becoming Chargeable,	14th October 1884
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this eighteenth day of October One thousand eight hundred and eighty four

(*To be signed by Party applying*) James Christison, Inspector of Poor Kirkinner P P

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Robert Bird Selby
being a (1) Doctor of Medecine of Edinburgh and
Licentiate of the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) General Medical practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Kirkcaldy
in the County
Wigtown separately from any other Medical Practitioner
visited and personally examined (4) Sarah McDade
and
the said Sarah McDade is a (5) person
Pauper and a proper Person to be detained
of unsound mind
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
Says that she has read the bible all wrong and
that she is a great sinner — and that she would
rather lie naked outside on the earth tonight
than go to bed.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Ross — Kirkcaldy saw her on the Road this
morning quite naked — & says that all the
afternoon she has been going down on her knees
& praying

Name and Medical Designation, Robert B. Selby, M.D.

Place of Abode, Portobello

DATED this Seventeenth day of October One thousand eight
hundred and eighty four.

(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.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Charles McBride
being a (1) Doctor of Medicine of the University of
and being in actual practice as a (2) Physician Kirkcaldy
hereby certify, on soul and conscience, that I have this day, at (3)
village in the County
Wigtown separately from any other Medical Practitioner
visited and personally examined (4) Sarah McDade
Domestic servant a pauper, Kirkcaldy and
the said Sarah McDade is a (5) person
of unsound Mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
When I spoke to her — She began
to weep and said she was afraid of
God and asked me to pray for her.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Ross Kirkcaldy —
Tells me she saw her naked
in the street

Name and Medical Designation, Chas McBride Wigtown

Place of Abode Wigtown

DATED this Seventeenth day of October One thousand eight
hundred and eighty four years

(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 not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Doig (1) Esquire (1) Sheriff Substitute
of the (2) County of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) James Christison Inspector of Poor Kirkinner
Certificates under the hands of Robert Reid Addy M. D. Portwilliam
and Charles N. Brade M. D. Wigtown, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Sarah Mc. Wade Pauper and that the said
Sarah Mc. Wade is a (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 Mc. Wade 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 Sarah Mc. Wade which accompanied the said Petition.

DATED this eighteenth day of October One thousand eight hundred and eighty four

To the Superintendent of the (7) Southern Counties Asylum of Dumfries

John Doig

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2766

Sarah McDade

Admitted. Oct. 18. 1884.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries & Galloway *and his Substitutes,—*

The Petition of Wm Elspeth Rutherford, Widow

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Christina Rutherford your Petitioner's (3) Daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Christina Rutherford ——— to the ——— and to sanction her admission into the the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

Elspeth Rutherford

(4) The date of the Petition must be within seven clear days following the dates of the Medical Certificates.

Dated this 20th (4) day of October One thousand eight hundred and Eighty 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,	Mary Christina Rutherford
2. Sex and Age,	Female - aged 30.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Daughter of late Wm Rutherford, Sawyer, Kirkc. None.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Strawberrybank, Kirkmichael, Dumfries shire.
7. Place where Found and Examined,	
8. Length of time Insane,	First attack about Sept. 1878
9. Whether first Attack,	No - third
10. Age (if known) on first Attack,	24
11. When and where previously under Examination and Treatment,	In Crichton Royal Instn, Dumfries for 4 months in 1878 and for 8 months in 1880.
12. Duration of existing Attack,	Has been coming gradually on for a few weeks.
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,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Elspeth Rutherford, Widow, Strawberrybank, Kirkmichael. Mother of Patient - No.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 20th day of October One thousand eight hundred and Eighty four.

(*To be signed by Party applying*) Elspeth Rutherford

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Smith Kerr, being a (1) Graduate of Glasgow University &c 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) Mary Christina Rutherford and that the said Mary C Rutherford is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently. Sleeplessness. Sometimes excited requiring watching and restraint

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Dr Rutherford and others tell me she has been an Asylum patient before

Name and Medical Designation, W. S. Kerr M.D.

Place of Abode, Dumfries

DATED this 20th day of October One thousand eight hundred and Eighty 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, James Kerr being a (1) Bachelor of Medecine, & Master in Surgery of Edinburgh University and being in actual practice as a (2) physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Strawberry Bank, Kirkmichael, Dumfriesshire in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Christina Rutherford Strawberry bank, Kirkmichael - a pauper and that the said Mary Christina Rutherford is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is very restless & violent talking incoherently & using bad language

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, James Kerr M.B.C.M.

Place of Abode, Dumfries

DATED this 19th day of October One thousand eight hundred and eighty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Kerr.
being (1) Bachelor of Medicine & Master in Surgery - University of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Strawberry Bank Kirkmichael
in the County of Dumfries Elm, seen and personally examined
Mary Christina Rutherford, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Kerr. M.B. C.M.

DATED this 19th day of October One thousand eight hundred and eighty-four.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Mrs Elspeth Rutherford Strawberry bank Kirkmichael
Certificates under the hands of William Smith Kerr
and James Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Christina Rutherford Strawberry bank Kirkmichael (Petrus Daughter) and that the said Mary Christina Rutherford is a (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 Christina Rutherford as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Christina Rutherford which accompanied the said Petition.

DATED this twenty second day of October One thousand eight hundred and eighty four years

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2767

Mary Christina Rutherford

Admitted at: 19.1874

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the~~ (2) Dumfries and ~~of~~ Galloway *and his Substitutes,*—

The Petition of John Maxwell, Insp. of Poor, Troqueer, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Christina Johnstone, your Petitioner's (3) Pauper, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Christina Johnstone, to the Southern Counties asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Maxwell.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty first (4) day of October, One thousand eight hundred and eighty four years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Christina Johnstone.
2. Sex and Age,	Female. aged 25 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,	Manchester.
7. Place where Found and Examined,	24 Glasgow Street. Maxwelltown
8. Length of time Insane,	about 10 Days.
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	Never under Treatment before
12. Duration of Existing Attack,	about 10 Days.
13. Supposed Cause,	Religious Mania. brought on by death of mother
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Troqueer in the Meantime
18. Date of becoming Chargeable,	21st October. 1884.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	David Johnstone. Father. 24 Glasgow St
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 21st day of October, One thousand eight hundred and eighty four

(*To be signed by Party applying*) John Maxwell. Insp. of Poor. Troqueer, P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Hunter Dryden
being a (1) Licentiate of the Royal College of Physicians and 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) 24 Glasgow Street, Maxwelltown, Trquier in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Christina Johnstone, a Pauper and that the said Christina 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. :—

1. Facts indicating Insanity observed by myself: (6) She is very violent & outrageous - Her conduct and speech is filthy & disgusting in the extreme. She imagines she hears spirits talking to her - Is

(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 used violence to him & her sister

Name and Medical Designation, J Hunter Dryden L.R.C.P.
Place of Abode, 39 Castle Street, Dumfries

DATED this twenty first day of October One thousand eight hundred and eighty 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.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Cunningham
being a (1) Licentiate of the Royal College of Physicians & Surgeons Edinburgh & M.D.
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 24 Glasgow Maxwelltown, Trquier, in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Christina Johnstone, 24 Glasgow St, Maxwelltown and that the said Christina 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. :—

1. Facts indicating Insanity observed by myself: (6) Her facial expression indicates mental disorder She is in a very excited state & in my opinion dangerous

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her father mentions several occasions on which she used violence towards him

Name and Medical Designation, John Cunningham M.D.
Place of Abode 35 Buccleuch St. Dumfries

DATED this 24th day of October One thousand eight hundred and eighty four years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Hunter Dryden being (1) Licentiate of Colleges of Surgeons & Physicians Edinr. hereby certify, on soul and conscience, that I have this day, at (2) 24 Glasgow St. in the County of Kirkcudbright, seen and personally examined Christina Johnstone, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J Hunter Dryden Sheriff

Dated this twenty first day of October One thousand eight hundred and eighty four years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, Esquire (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Maxwell, Inspector of Poor, Lingueer, Certificates under the hands of James Hunter Dryden, and John Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Christina Johnstone 24 Glasgow Street, Maxwelltown (a Pauper) and that the said Christina 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 Christina Johnstone, as a Patient into the (6) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Christina Johnstone which accompanied the said Petition.

Dated this Twenty second day of October, One thousand eight hundred and eighty four years

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties

Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2768
Christina Johnston
Admitted Oct. 21, 1884

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Ayr *and his Substitutes,*—

The Petition of Ann Young or Parker

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jessie S. Parker your Petitioner's (3) sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jessie S. Parker to the Crichton Royal Institution Dumfries and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Ann Young or Parker

DATED this twentieth (4) day of October One thousand eight hundred and eighty four years.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jessie Stevenson Parker
2. Sex and Age,	Female 40 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Gentlewoman
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Bentinck Terrace Salston
7. Place where Found and Examined,	Bentinck Terrace Salston
8. Length of time Insane,	6 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,	6 months
13. Supposed Cause,	Inherited instability
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,	Ann Young or Parker Brewland Street Salston Sister. No.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this nineteenth day of October One thousand eight hundred and eighty-four years.

(To be signed by Party applying) Ann Young or Parker

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 Drew
being a (1) Doctor of Medicine & Master of Surgery of the University of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Bentinck Terrace, Galston Ayr in the County of Ayr separately from any other Medical Practitioner visited and personally examined (4) Jessie S. Parker, Bentinck Terrace, Galston and the said Jessie S. Parker is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Jessie that she has been deceived by messages from Jessie that she is surrounded by people who are watching her through telescopes & microscopes & tell what they see in the countryside. They also tell her she says what she has to do. She hears their voices quite distinctly she affirms

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her servant girl tells me that she is constantly annoyed with foolish messages. That she is very restless & would not go to bed at all unless compelled. That she has lost almost all normal sense of truthfulness

Name and Medical Designation, William Drew M.

Place of Abode, Galston

DATED this nineteenth day of October One thousand eight hundred and eighty 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.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Alexander Marnoch
being a (1) Medical Officer of the Kilmarnock Asylum
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Bentinck Terrace Galston Ayr in the County of Ayr separately from any other Medical Practitioner visited and personally examined (4) Jessie Stevenson Parker Bentinck Terrace Galston and the said Jessie Stevenson Parker 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) Jessie that she is labouring under delusions and hallucinations upon the subject of Religious matters

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Letter - Jessie's sister & husband

Name and Medical Designation, Alex. Marnoch M.

Place of Abode Kilmarnock Asylum

DATED this eighteenth day of October One thousand eight hundred and eighty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

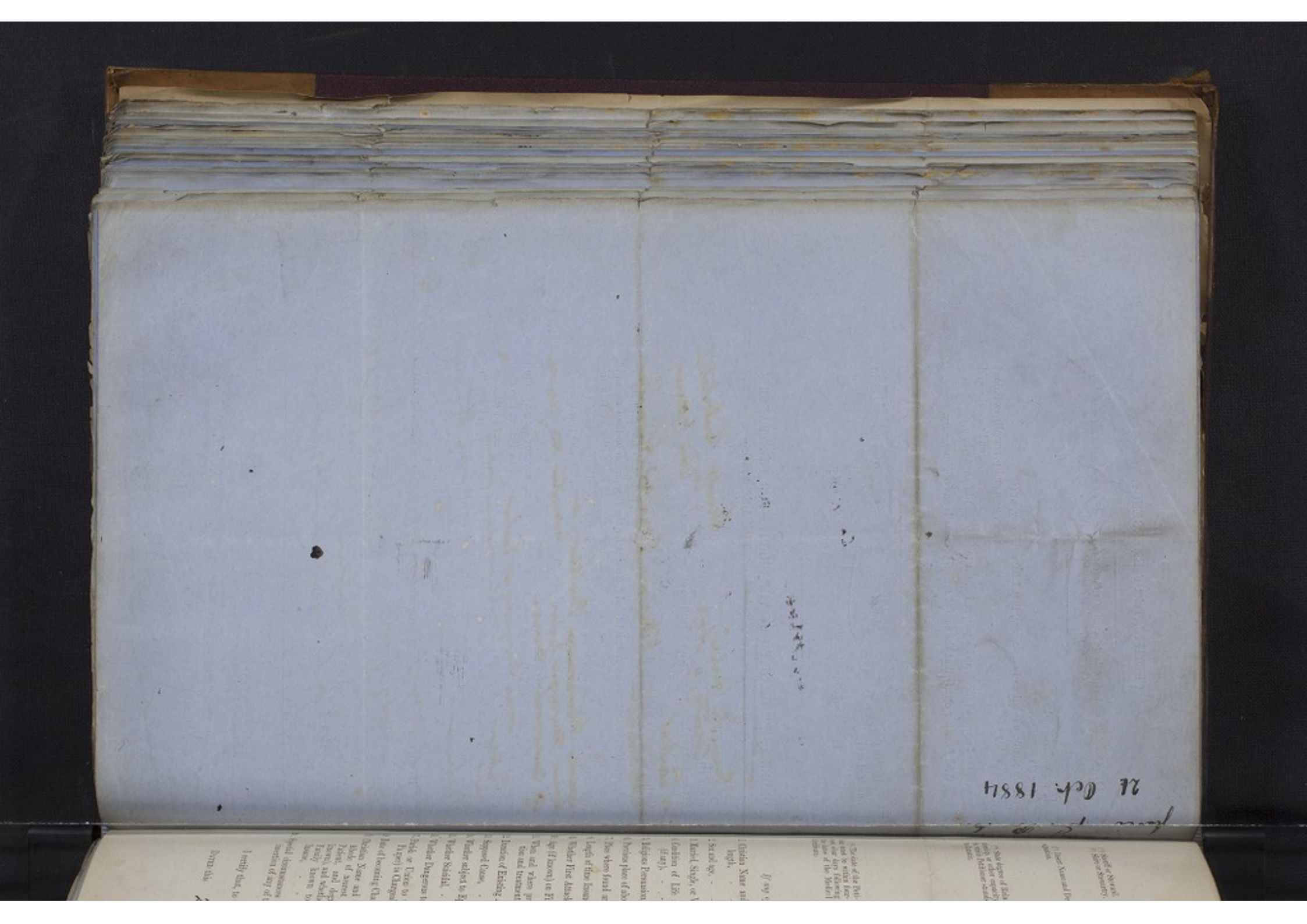
I, [illegible] (3) [illegible]
of the (4) County of Ayr
having had produced to me, with a Petition at the instance of (5) Ann Young or Parker
Certificates under the hands of William Frew and Alexander Marshall, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation 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 (6) Jessie Stevenson or Parker and that the said Jessie Stevenson or Parker is a (7) lunatic & person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jessie Stevenson or Parker as a Patient into the (8) 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 Jessie Stevenson or Parker which accompanied the said Petition.

DATED this 20 day of October One thousand eight hundred and eighty four

David Hall

To the Superintendent of the (9) Public
Asylum of Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.



21 Oct. 1884

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2)

and his Substitutes.

(3) Insert Name and Designation.

The Petition of (3) Daniel Cameron

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Henery Paterson Cameron

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) Son

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Henry Paterson Cameron to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

Daniel Cameron

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 21 (5) day of October One thousand eight hundred and 84

STATEMENT.

If any 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 Paterson Cameron
2. Sex and age,	Male 32
3. Married, Single, or Widowed,	married
4. Condition of Life and previous Occupation (if any),	Clergyman
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	13 Rokeby terrace Hillhead Glasgow
7. Place where found and examined,	2nd terrace Port Bannatyne
8. Length of time Insane,	1 year
9. Whether First Attack,	second attack
10. Age (if known) on First Attack,	31
11. When and where previously under Examination and treatment,	Crichton Asylum Dumfries
12. Duration of Existing Attack,	14 Days -
13. Supposed Cause,	over work and mental exertion
14. Whether subject to Epilepsy,	Had one severe
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Daniel Cameron Father no Old Cumnock
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 21 day of October One thousand eight hundred and eighty four

(To be signed by the Party applying) Daniel Cameron

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Dalry Ayrshire
2. Character of Education,	Minister
3. Is the natural disposition cheerful or melancholy—reserved or frank,	frank
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Once in December last
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	none
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	Both Parents Living Brother Dead Accidentally Shot
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	no
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	love affair
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	absent in Manner and his Diet
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	Sleeplessness and Pain in head
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Passion and cruelty
13. What changes have taken place in his bodily symptoms?	none
14. Is he dirty, destructive, untidy, or obscene?	Destructive and Obscene
15. Has he threatened or attempted violence to himself? If so, in what way?	threatend to Drown himself
16. Has he threatened or attempted violence to others? If so, in what way?	his wife and servant at times
17. How long has he been insane?	from December last

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

.....

DATED this day of One thousand eight hundred and .

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE—No. I.

I, the undersigned, William Hunter
being a (1) Doctor of Medicine & Master of Surgery
of Glasgow University
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day at (3) 1 Windsor
Terrace Port Brumpton
Bute in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Henry Paterson Cameron
the said Henry Paterson Cameron and that
is a (5) Insane of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, *or* an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) That he has
a peculiar vacant stare, that he has an
extremely melancholy look, frequently
mutters to himself, & at times that he has
a strong desire to drown himself—

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mr Cameron, his father tells me that
he frequently walks into sessions without
any preparation and speaks from the
top of his head in a most disconnected
& incoherent manner, that at times
he gets so dull that he will not speak to anyone

(7) *State the Information, and from whom derived.*

Name and Medical Designation, W. Williamson Hunter M.D. M.R.C.P.

Place of Abode, 7 Battery Place Rothesay

DATED this twenty first day of October One thousand eight hundred and eighty four years

MEDICAL CERTIFICATE—No. II.

I, the undersigned, John Coombe Maddever
being a (1) Graduate of Medicine & Surgery of
the University of Glasgow
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 1 Cen
Terrace Port Brumpton
Bute in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Henry Paterson Cameron
the said Henry Paterson Cameron and that
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) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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)
Suspicious, downcast, strange, excited look,
fancies himself very ill when in the most perfect
health, wishes to drown himself, exceedingly irritable
in temper, without the slightest reason, takes no interest in any
thing, cannot study, mind seems a blank, hears voices in the air,
Mutters to himself, and sees [illegible]

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Cameron informs me he never sleeps
well, talks to himself, and of his wife as
a whore, and other names of an equally shocking
nature. Father says he became very excited at his broke
with his sisters for no cause whatever, and at times his
manner was strange, and very reserved

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J. C. Maddever M.B. C.M.

Place of Abode, 16 Battery Place Rothesay

DATED this 21st day of October One thousand eight hundred and Eighty four years

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, Robert Orr, Advocate Sheriff Substitute of the (1) Sheriffdom of Renfrew and Bute — of the (2) Sheriffdom of Renfrew and Bute — having had produced to me, with a Petition at the instance of (3) Daniel Cameron, Old Cumnock, Certificates under the hands of William Hunter M.D. &c and John Coombe Maddever M.B.C.M., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Henry Paterson Cameron and that the said Henry Paterson Cameron is a (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 Paterson Cameron as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Henry Paterson Cameron which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this twenty-second day of October One thousand eight hundred and eighty four years

R. Orr

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Henry Paterson Cameron

Date of Admission 22 Oct. 1884

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE ROYAL EDINBURGH ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries & Galloway of and his Substitutes,

(3) Insert Name and Designation.

The Petition of (3) Isabella Drysdale, 21 No. Mansion House Road, Edinburgh humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Drysdale your Petitioner's (4) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said George Drysdale to the ~~Royal Edinburgh~~ Crichton Royal Asylum for the Insane Dumfries and to sanction his admission into the said Asylum.

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

Isabella Drysdale

(5) The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 29th (5) day of October One thousand eight hundred and eighty 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,	George Drysdale
2. Sex and Age,	Male. 58.
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Wholesale Spirit Merchant
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	21 No. Mansion House Road, Edin.
7. Place where Found and Examined,	21 No. Mansion House Road Edinburgh
8. Length of time Insane,	Two years & five months
9. Whether First Attack,	First.
10. Age (if known) on First Attack,	53
11. When and where previously under Examination and treatment,	No where
12. Duration of Existing Attack,	Two years & five months
13. Supposed Cause,	Intemperate habits
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Isabella Drysdale. 21 No. Mansion House Road Edinburgh. Sister Oldest Brother had [illegible] of Brain with mental weakness.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 29th day of October One thousand eight hundred and eighty four.

(*To be signed by the Party applying*) Isabella Drysdale

ADDITIONAL STATEMENT.

For the Information of the Physician.

1. Birthplace, ...
2. Character of Education, ...
3. Is the natural disposition cheerful or melancholy —reserved or frank? . . . . .
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? . . . . .
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? . . . . .
6. What relatives of the patient have been epileptic, paralytic, intemperate, eccentric, or insane?
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? . . . . . .
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? . . . . .
9. Was there any immediate cause of the attack that directly brought it on, *e. g.*, mental shock, childbirth, &c.? . . . . . .
10. What were the first symptoms of mental derangement observed, *e. g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?
11. Were there any bodily symptoms present at first, *e. g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? . . . . .
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?
13. What changes have taken place in his bodily symptoms? . . . . . .
14. Is he dirty, destructive, untidy, or obscene? .
15. Has he threatened or attempted violence to himself? If so, in what way? . . . . .
16. Has he threatened or attempted violence to others? If so, in what way? . . . . .
17. How long has he been insane? . . . .

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Thomas Smith Clouston being (1) an Fellow of the College of Physicians Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) 21 North Junction Street, Leith Road, Edinburgh in the County of Edinburgh, seen and personally examined George Wyld Addie, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

T. Clouston M.D. R.C.P.Ed.

Dated this 27th day of October One thousand eight hundred and 84.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Thomas Smith Clouston
being a (1) a Fellow of the 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) 21 Rd. Maitland
House Road, Edinburgh
in the County of Midlothian separately from any other Medical Practitioner,
visited and personally examined (4) George Wrysdale, Retired
Wine Merchant, 21 Rd Maitland House Road, Edin and that
the said George Wrysdale is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds,
viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the Certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) His memory is very defective in so far that he can scarcely tell the day of the week or the month or year he was in his business. He is irritable and is easily excitable and on slight provocation, he is dangerous & has struck them. His mental power is weakened generally.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Wrysdale says he struck him with a couple of sticks recently and that he threatens and threatened to kill his sisters especially & that he is dangerous to them when excited with him.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, T. Clouston M.D. F.R.C.P.E.

Place of Abode, 21 Rd Maitland House Morningside Edinburgh

DATED this 27th day of October One thousand eight hundred and 84.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Hunter Dryden
being a (1) Licentiate of Royal Colleges of Surgeons &
Physicians Edinburgh
and being in actual practice as a (2) general medical practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the Crichton
Royal Institution, Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) George Drysdale Retired
Wine merchant
the said George Drysdale is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds,
viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the Certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) He is violent & weak mind irritable temper. He admits having struck his Sisters several occasions.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J Hunter Dryden RMP. & RDs

Place of Abode 29 Castle Street, Dumfries

DATED this twenty ninth day of October One thousand eight hundred and eighty four years.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I William Young Harries Shortt, Honorary Sheriff-Substitute of the (1) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Isabella Drysdale 21 North Mansion House Road Edinburgh Certificates under the hands of Thomas Smith Houston and James Hunter Dryden, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined George Drysdale 21 North Mansion House Road Edinburgh, and that George Drysdale, is a (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 Drysdale, as a Patient into the Royal ~~Edinburgh~~ Asylum at Dumfries, for the Insane, 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 Drysdale, who accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

V.W.

DATED this Thirteenth day of October, One thousand eight hundred and eighty four.

To the Medical Superintendent of the ~~Royal Edinburgh Asylum~~ Crichton Royal Institution for the Insane.

Dumfries
W. H. Shortt

Name, George Drysdale

Date of Admission, 28. Oct. 1884

LETTER OF OBLIGATION FOR PAYMENT OF BOARD.

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GENTLEMEN,

As you have agreed to admit into the Royal Edinburgh Asylum for the Insane, as an ordinary patient and boarder, at the rate of per annum, I hereby oblige myself to pay to your Treasurer the said patient's board quarterly, and in advance, at the rate of or such other rate, as may from time to time be determined by you; to provide the required supplies of clothes for the patient, or, in the event of such clothes being supplied by you, to pay for the same to your Treasurer; to pay to your Treasurer for all stimulants or extraordinary furnishings supplied to the patient on the order of your Physicians; and to repay your Treasurer for all cash advanced to, or on behalf of, the patient. I also oblige myself to remove the patient when desired; to defray, in case of death, the funeral charges; and to fulfil any other condition incumbent on me as surety for the patient, according to your Regulations.

To the Managers of the Royal Edinburgh Asylum for the Insane.

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway

——— *and his Substitutes,*

(3) Insert Name and Designation.

The Petition of (3) William Stevenson Solicitor Stirling humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Donald MacPherson Stevenson ——— your Petitioner's (4) Brother ——— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Donald Macpherson Stevenson ——— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

W Stevenson

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 29 ——— (5) day of October — One thousand eight hundred and eighty 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,	Donald Macpherson Stevenson M.B. & C.M. Edin
2. Sex and age,	Male 24
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Medical Graduate
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	The Green, Lockerby
7. Place where found and examined,	" "
8. Length of time Insane,	Three Days
9. Whether First Attack,	No.
10. Age (if known) on First Attack,	He broke down this overwork as a student in July 1883.
11. When and where previously under Examination and treatment,	I has been more or less depressed since Dr Houston was consulted but there has been no treatment
12. Duration of Existing Attack,	Three days
13. Supposed Cause,	Not known certainly but I believe that the intimation of his father's death on 22 last ult brought on the attack
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Private patient
18. Date of becoming Chargeable,	28th Octr 1884
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Stevenson - Solicitor & Banker - Stirling - Brother - No other member known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 29 ——— day of October, One thousand eight hundred and Eighty four

(To be signed by the Party applying) W. Stevenson

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Tullibody Clackm annan shire
2. Character of Education.	Passed Education at Stirling Dollar Academy
3. Is the natural disposition cheerful or melancholy—reserved or frank.	Naturally cheerful & frank
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady & industrious - He took honours & got 3 medals & first class honours in all his University classes
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	None
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	His father died in 22nd inst. Of old age. His Mother is still alive, The brother & 2 sisters all alive - there has been no insanity in the family.
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	I think the illness was originally brought on by hard work
9. Was there any immediate cause of the attack that directly brought it on, e.g., mental shock, childbirth, &c.?	I think the cause of the present attack was the exhaustion made to him of his [illegible]
10. What were the first symptoms of mental derangement observed, e.g., alteration of conduct or disposition, elevation, depression, fancies, &c.?	Depression.
11. Were there any bodily symptoms present at first, e.g., want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	I think there was sleeplessness at first got thing.
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	He has been irregular often quite violent at other times dull
13. What changes have taken place in his bodily symptoms?	None
14. Is he dirty, destructive, untidy, or obscene?	No he has behaved all the while with perfect propriety & taken great interest
15. Has he threatened or attempted violence to himself? If so, in what way?	No not while now
16. Has he threatened or attempted violence to others? If so, in what way?	No
17. How long has he been insane?	He became ill & low in July 1883 he cannot be sure to how short of necessity while now

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, John T. R. W. Thorpoore, The Lunn, Lockerbie being (1) Regist. Physician & Surgeon, hereby certify, on soul and conscience, that I have this day, at (2) Lockerbie in the County of Dumfries, seen and personally examined Donald M. Stevenson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John T. R. W. Thorpoore

DATED this 28th day of Oct., One thousand eight hundred and Eighty four.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, John T. R. Wotherspoon, being a (1) Regist^d Licentiate of Roy. Coll. Phys. & Surgeons and being in actual practice as a (2) General Medical Practitioner hereby certify, on soul and conscience, that I have this day at (3) The Green Lockerby Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Donald M. Stevenson, The Green Lockerby and that the said Donald M. Stevenson is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) First Melancholia, Sudden Outbursts of Excitement, Strong delusions almost continually swearing & blasphemy, very restless & outbursts of passion against those whom he was attached to.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Marg^t Grieve, Domestic, says she is horrified at the continual swearing & blasphemy & restlessness, refusal to take food.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, John T. R. Wotherspoon Regist^d Licentiate Roy. Coll. Phys. & Surg. Edin^r

Place of Abode, The Green Lockerby

DATED this 28th day of Octr One thousand eight hundred and Eighty four.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Thomas Reid being a (1) Graduate in Medicine of Glasgow University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) The Green Lockerbie in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Donald M. Stevenson The Green, Lockerbie and that the said Donald M. Stevenson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) He is swearing and talking incessantly, He says that he is the Creator and makes incoherent remarks about heaven, hell etc. Does not know anyone saw as "Lord or other noble" title

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Wotherspoon says, he has had to be watched night and day. Threatens to get out at the window swears continually and refuses to take any food

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Thomas Reid M.D.

Place of Abode, Lochmaben

DATED this 28th day of October One thousand eight hundred and eighty-four

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSIO
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, William Young Ferries Sheriff, Honorary Sheriff of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) William Ste Solicitor, Sterling Certificates under the hands of John T. R. Wotherspoon and Thomas Reid being two Medical Perso duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care ar Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunat Asylums in Scotland," setting forth that they had separately visited and examined (4) Donald Macpherson Stevenson, M.B. & M. Lockerbie and that the sa Donald Macpherson Stevenson is a (5) Lunatic, a person of unsound mind, (Petry Dutton) and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you receive the said Donald Macpherson Stevenson as a Patient into th Crichton Royal Institution for the Insane at Dumfries, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the sa Medical Certificates, and a Statement regarding the said Donald Macpherson which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Thirtieth day of October, One thousand eig hundred and eighty four.

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

W. H. Sheriff

Name, Donald M. Stevenson

Date of Admission, 28 Oct 1884

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway
and his Substitute,

(3) Insert Name and Designation.

The Petition of (3) John J. Sutton, Houghton, Carlisle,
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Robert Sutton
your Petitioner's (4) Brother
is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Sutton to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

John J. Sutton

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 29th (5) day of October One thousand eight hundred and Eighty 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,	Robert Sutton
2. Sex and age,	Male 49
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Agriculture
5. Religious Persuasion, so far as known,	Society of Friends
6. Previous place of abode,	Stanwix, Carlisle
7. Place where found and examined,	Found Dfs = Examined at Dumfries.
8. Length of time Insane,	Seven months, first noticed
9. Whether First Attack,	First Attack
10. Age (if known) on First Attack,	49.
11. When and where previously under Examination and treatment,	Friends Retreat, York March 31st 1884
12. Duration of Existing Attack,	Severe Medical treatment
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	Not aware
15. Whether Suicidal,	No
16. Whether Dangerous to others,	—
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John J Sutton Houghton Carlisle Brother No Member of the family known to be insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 29th day of October One thousand eight hundred and Eighty four

(To be signed by the Party applying) John J. Sutton

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Houghton, Carlisle
2. Character of Education.	Good
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady & Industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Since March 1884 York
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	None
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	Father died from Cancer in the lip caused by pipe. Family healthy
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Treatment for skin disease
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Depression
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	Excessive Salivation
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Delusions
13. What changes have taken place in his bodily symptoms?	Not aware
14. Is he dirty, destructive, untidy, or obscene?	No
15. Has he threatened or attempted violence to himself? If so, in what way?	No
16. Has he threatened or attempted violence to others? If so, in what way?	No
17. How long has he been insane?	Seven months

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

.....

DATED this day of One thousand eight hundred and

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE—No. I.

I, the undersigned, James Kerr.
being a (1) Bachelor of Medicine & Master in Surgery 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) Crichton Royal Institution - Dumfries in the County of Dumfriesshire separately from any other Medical Practitioner, visited and personally examined (4) Robert Sutton - a prisoner & a voluntary patient in Crichton Institution and that the said Robert Sutton is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6)

(6) *State the Facts.*

He states that he has lately seen & conversed with Satan and several angels & that they disturb his sleep.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, James Kerr M.B. & Ch.

Place of Abode, 20 Castle St. Dumfries.

DATED this twenty ninth day of October One thousand eight hundred and eighty four.

MEDICAL CERTIFICATE—No. II.

I, the undersigned, James Hunter Dryden
being a (1) Licentiate of the Royal College of Physicians and Surgeons, Edinburgh
and being in actual practice as a (2) physician and surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Royal Crichton Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Robert Sutton a prisoner & voluntary patient in Crichton Institute and that the said Robert Sutton is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) His facial expression indicates mental disorder, he says that he has conversation with Christ & occasionally with Satan - They prevent him sleeping he says, & interfere with him in many possibleways

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J Hunter Dryden L.R.C.P.S.E.

Place of Abode, 20 Castle Street Dumfries

DATED this twenty ninth day of October One thousand eight hundred and eighty four years

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, William Young Herries Shortt, Honorary Sheriff-Sub[illegible] of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John J. Sutton Houghton, Carlisle Certificates under the hands of James Trevr and James Hunter Dryden, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Sutton, Houghton, Carlisle (Petitioner's Brother) that the said Robert Sutton is a (5) person of unsound

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Sutton as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Sutton which accompanied the said Petition.

DATED this Thirtieth day of October, One thousand eight hundred and eighty four.

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

W H Shortt

No. 1888

Name, Robert Sutton

Date of Admission 29 Oct 1884

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) ~~Shire~~ of Dumfries & Galloway and his Substitutes,—

The Petition of Mr Robert Brown Schoolmaster Longcastle Wigtownshire humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner's (3) Margaret Brown Sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Brown to the Crichton Royal Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

R. BROWN

(4) The date of the oath must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 28th (4) day of October One thousand eight hundred and eighty four 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 Brown
2.	Sex and Age,	Female; age 49 years
3.	Married, Single, or Widowed,	Single,
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,	Kirkcudbright
7.	Place where Found and Examined,	Examined at Dalbeattie
8.	Length of time Insane,	About six weeks
9.	Whether First Attack,	Yes
10.	Age (if known) on First Attack,	see 2 and 9
11.	When and where previously under Examination and Treatment,	
12.	Duration of Existing Attack,	
13.	Supposed Cause,	Depression of spirits arising from loss of friends
14.	Whether subject to Epilepsy,	No
15.	Whether Suicidal,	Yes
16.	Whether Dangerous to others,	No
17.	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18.	Date of becoming Chargeable,	
19.	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Robert Brown, Longcastle, Wigtownshire, brother — none
20.	Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 28th day of October One thousand eight hundred and eighty four

(*To be signed by Party applying*) R. BROWN

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, J. Paterson Lorrs
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) 89 High
Dalbeattie, in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Brown and
the said Margaret 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)
Will not answer any questions. lies in a quiet sleepy depressed
condition.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her Cousin Mr McLaurin tells me that she attempted suicide by
throwing herself into the river on the 27th inst, but got out after
herself, all her clothes were thoroughly wet; and that she has
frequently threatened to do so.

Name and Medical Designation, J. Paterson Lorrs MB

Place of Abode, Dalbeattie

DATED this twenty ninth day of October One thousand eight
hundred and Eighty 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.

I, the undersigned, Robert M'Kerrachar
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 89 High
Street, Dalbeattie in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Brown and
the said Margaret 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) Has been for some
time under my professional Care Suffering
from Melancholia with delusions

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her Cousin Mr McLaurin informed
me that she escaped from home & entered
the River, under delusions —

Name and Medical Designation, Robert M'Kerrachar

Place of Abode Dalbeattie

DATED this twenty ninth day of October One thousand eight
hundred and Eighty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Herries Shortt (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert Brown, Schoolmaster Longcastle Wigtownshire, Certificates under the hands of J. Patterson Lewis, and Robert McKechan, , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Brown, 89 High Street Dalbeattie Petitioner's sister and that the said Margaret 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 Brown, as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Brown which accompanied the said Petition.

DATED this Twenty ninth day of October One thousand eight hundred and eighty four.

W H Shortt

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Lord~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of Annie Black M'Nish Kirkhouse Kirkgunzeon humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert M'Nish

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert M'Nish to the Crichton Royal Asylum and to sanction the admission into the said Asylum. ~~Robert M'Nish~~ Crichton Royal Institution

Dumfries Annie Black M'Nish

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Thirty first (4) day of October One thousand eight hundred and Eighty 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,	Robert M'Nish
2. Sex and Age,	Male. in his 50th year
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Loward Kirkgunzeon
7. Place where Found and Examined,	Kirkhouse
8. Length of time Insane,	Weak minded for some years
9. Whether First Attack,	—
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	Kirkhouse Kirkgunzeon
12. Duration of Existing Attack,	Four Weeks
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Violent at times
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Annie Black M'Nish Mother of Patient Residing at Kirkhouse No Insanity in the Family known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Cannot remember Dates of attacks

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Thirty first day of October One thousand eight hundred and Eighty Four

(*To be signed by Party applying*) Annie Black M'Nish

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, J. Paterson Lewis
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) Kirkhouse
parish of Kirkpatrick in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Robert McNish formerly a farmer
sometime residing at Kirkhouse, Kirkpatrick, and that
the said Robert McNish is a (5) person of unsound
mind and a proper Person to be detained
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 expression of countenance - talks quite incoherently - says
he is three years of age - Can answer no question satisfactorily
- does not know the month or day of the week - tore his shirt in my
presence,

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His mother says that he arises at times during her - wanders about
the house at night and keeps talking or laughing so as even to disturb
neighbours in adjoining houses and often makes his visits in bed -

Name and Medical Designation, J. Paterson Lewis MB

Place of Abode, Dalbeattie,

DATED this Twentieth day of October, One thousand eight
hundred and eighty four,

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, Robert McMechan
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Kirkhouse
Kirkpatrick in the County of
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Robert McNish, lately
a farmer now residing at Kirkhouse here and that
the said Robert McNish is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Found him naked
in bed, muttering to himself incoherently
& unable to answer questions rationally

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Has been violent towards his mother
who tells me that he is noisy, restless at
night - occasionally violent - to a mild degree

Name and Medical Designation, Robert McMechan M.B.

Place of Abode Dalbeattie

DATED this thirty first day of October One thousand eight
hundred and eighty four —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope, — (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) ~~Lawrence~~ Mrs Annie Black McNish Kirkhouse Kirkgunzeon Certificates under the hands of Paterson Lewis and Robert McKerchar, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McNish, Kirkhouse Kirkgunzeon (Peter you) and that the said Robert McNish, is a (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 McNish as a Patient into the (6) Public Asylum of Crichton 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 Robert McNish which accompanied the said Petition.

DATED this Thirty first day of October, — One thousand eight hundred and eighty four.

David Boyle Stope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

Patient left Sept. 31st 1874

PPLICATION TO
TRANSFER OF

I the undersigned
beg leave to transf
as present a Patient in
Asylum at
Carlisle and
Royal Cir[cu]

to Board to such trans

espect to his

Dated at Edin

as aforesaid eight hund

Christian Name and Su
Length,

Age and Age.

Married, Single, or Wid

Condition of Life, and P
(if any),

Religious Persuasion, as

Date of Admission into A

Length of time Insane,

Whether first Attack,

Age (if known), on first A

Duration of existing Attac

Supposed Cause,

Whether subject to Epilep

Whether Suicidal,

Whether Dangerous to oth

Grade in which the Lunati
Chargeable,

Christian Name and Surn
of Kindred of nearest kin
the Patient, and degree
(if known), and whether

Family known to be
Insane,

I certify that, to the best

(To be signed by the A

Dated this 24th

day of Eighty-f

P.S.—The foregoing par
sum for Patient is to be

[Form B²] 7975

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned
being desirous to transfer Mr John Brown
at present a Patient in Roseneath District Asylum Midlothian
detained at my instance, as his only
brother and nearest relative
Royal Cricton Institution Dumfries
from the said Asylum to the
hereby request the authority of
the Board to such transfer; and I subjoin a Statement of Particulars regarding the said
John Brown and a Medical Certificate with
respect to his mental and bodily condition.

(†) If Lunatic is not a Pauper: detained at my instance, or whose nearest known relative I am. If Lunatic is a Pauper: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

David Brown, Solicitor, 8 Frederick St. Edinburgh
(†) Brother

(‡) State degree of Relationship, or other capacity in which Applicant stands to Patient.

Dated at Edinburgh this 27th day of October
one thousand eight hundred and Eighty four.

STATEMENT.

1. Christian Name and Surname of Patient at length,	John Brown
2. Sex and Age,	male 32 years —
3. Married, Single, or Widowed,	Seigle
4. Condition of Life, and Previous Occupation (if any),	Articled Solicitors Clerk, and medical Student — never graduated
5. Religious Persuasion, so far as known,	Protestant. Presbyterian.
6. Date of Admission into Asylum,	First in Crichton Institution about 1878 or 1874
7. Length of time Insane,	since that date — Symptoms minorly.
8. Whether first Attack,	yes.
9. Age (if known) on first Attack,	22 years
10. Duration of existing Attack,	10 years
11. Supposed Cause,	not known
12. Whether subject to Epilepsy,	no —
13. Whether Suicidal,	no —
14. Whether Dangerous to others,	no —
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Burgh Parish of Paisley But not a pauper.
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	David Brown, 8 Montgomery Street Edinburgh. Brother — An Aunt by the paternal side has been insane.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) D. Brown

Dated this 27th day of October One thousand eight hundred and Eighty four.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned R.W. D. Cameron
being (1) M.D. (Edin)
hereby certify that I have this day at (2) Midlothian Asylum
personally examined John Brown at present
Patient in said Asylum, and with respect to his Mental State that he is in a condition of ~~[illegible]~~ dementia with slovenly & degraded habits

; and with respect to h
Bodily Health and Condition that they are weak

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Co
dition of the Patient to contraindicate removal to the Asylum of Dumfries

R.W. D. Cameron M.D.

DATED this 29th day of Oct One thousand eig
hundred and Eighty four

(1) State Medical Qualification.
(2) Name Asylum.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

Application having been made to the Board by (1) David Brow
to authorize the transfer of John Brown
from Midlothian District Asylum, Dumfries Royal ~~Edinburgh~~ Asylum, and the Board having considered such application a
the accompanying Medical Certificate, to hereby authorize the transfer (2) of the s
John ~~David~~ Brown — as requested.

John Sivewd Commissioner.

DATED at Edinburgh, this 30 day of October, O
thousand eight hundred and Eighty four.

Date of Sheriff's Order:—
8th April, 1874

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway

and his Substitutes.

(3) Insert Name and Designation.

The Petition of (3) The Revd Garrett Nugent Archdeacon of Meath

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Garrett Bagge Nugent

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Garrett Bagge Nugent to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this ..... (5) 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,	Garrett Bagge Nugent
2. Sex and age,	Male, 25 years
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	writing Clerk, & labouring in fair health
5. Religious Persuasion, so far as known,	Church of Ireland
6. Previous place of abode,	Corbetstown, Kells, Co. Meath
7. Place where found and examined,	at home, examined by Dr. James Little of Dublin
8. Length of time Insane,	he has been coming on for 4 years
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	21 when it first commenced
11. When and where previously under Examination and treatment,	nowhere
12. Duration of Existing Attack,	
13. Supposed Cause,	cannot say
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Garrett Nugent, Clk Corbetstown, Kells, Co. Meath Father of patient.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 23rd day of October One thousand eight hundred and eighty four

(To be signed by the Party applying) ..... Garrett Nugent

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Tubrid, Co. Fermanagh
2. Character of Education,	Fair education, at home
3. Is the natural disposition cheerful or melancholy—reserved or frank,	rather reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	steady & industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	see other side
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	no near relatives
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	one brother died of Typhus fever, Mother of heart disease
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	—
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	—
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	imagining that persons intended to poison him, about 6 years ago
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	—
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	they seemed to slumber until about 10 months ago
13. What changes have taken place in his bodily symptoms?	his bodily health is remarkably
14. Is he dirty, destructive, untidy, or obscene?	no, says very nasty things [family]
15. Has he threatened or attempted violence to himself? If so, in what way?	no
16. Has he threatened or attempted violence to others? If so, in what way?	no
17. How long has he been insane?	see above

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, James Rutherford being (1) a Fellow of the Royal College of Physicians hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution in the County of Dumfries, seen and personally examined Garrett Bagge Nugent, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Rutherford

DATED this fourth day of November One thousand eight hundred and Eighty four—

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Hugh Cunningham being a (1) Licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians & Surgeons Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day at (3) Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Garrett Bagge Nugent, Clerk, and Labourer and that he said Garrett Bagge Nugent is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or an* insane person, *or an* idiot, *or a* person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) He is very shy, taciturn, and is under the impression that he made a journey to Australia and back in one day.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Hugh Cunningham L.R.C.P. Edinbr.

Place of Abode, 25 Castle Street, Dumfries

DATED this fourth day of November One thousand eight hundred and eighty four years

---

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Kerr being a (1) Bachelor of Medicine & Master in Surgery, 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) Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Garrett Bagge Nugent, Clerk, Cookstown, Kelly, Co. Meath, and that he said Garrett Bagge Nugent is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or an* insane person, *or an* idiot, *or a* person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) He states that he wishes to go to Jail, but cannot give any reason why, and imagines that he has visited heaven six times lately.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, James Kerr M.B. & C.M.

Place of Abode, 20 Castle Street, Dumfries

DATED this fourth day of November One thousand eight hundred and eighty four.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, (1)
of the (2)
having had produced to me, with a Petition at the instance of (3)

Certificates under the hands of
and , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined
and that the said

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

is a (5)

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said which accompanied the said Petition.

DATED this day of One thousand eight hundred and

.....

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Garnett B. Nugent
Date of Admission, 4th July 1884

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of Dumfries Galloway ~~(2) County~~ *and his Substitutes,*—

The Petition of John Dobie Third Kirkmichael,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Johnstone or Dobie

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) wife

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Johnstone or Dobie to the Crichton Asylum and to sanction her admission into the said Asylum.

John Dobie

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 6th (4) day of November One thousand eight hundred and eighty-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,	Agnes Johnstone or Dobie
2. Sex and Age,	female 58 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	wife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Third, Kirkmichael
7. Place where Found and Examined,	Third, Kirkmichael
8. Length of time Insane,	three days
9. Whether First Attack,	first attack
10. Age (if known) on First Attack,	58
11. When and where previously under Examination and Treatment,	Crichton Asylum
12. Duration of Existing Attack,	three 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,	private patient
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Dobie, Third, Kirkmichael (Husband)
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 6th day of November One thousand eight hundred and eighty-four

(*To be signed by Party applying*) John Dobie

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Thomas Reid being a (1) Graduate in Medicine of Glasgow University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Third, Kirkmichael in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes Johnstone or Dobie, Third, Kirkmichael and that the said Agnes Johnstone or Dobie is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 sits in a quiet melancholic state, refuses to take food and says there is no food in the house and that every thing has gone wrong, which is a delusion

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr. Dobie - her husband says they have to restrain her from getting away at night, that she refuses to take food and says there is no food, and that places are on fire, all which are delusions

Name and Medical Designation, Thomas Reid M.D.

Place of Abode, Lochmaben

DATED this 6th day of November One thousand eight hundred and eighty 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.

I, the undersigned, Alexander Thompson being a (1) Doctor of medicine of Glasgow University - and Surgeon and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 27 Castle Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes Johnstone or Dobie - Farmer's Wife - Third, Kirkmichael and that the said Agnes Johnstone or Dobie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 depressed and melancholic condition: fears that something is about to happen to her & dread of poverty -

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told by her husband, that for some she has been restless and sleepless; has refused food; thinks that everything is to be burned up; and is unmanageable

Name and Medical Designation, Alex. Thompson M.D.

Place of Abode Castle St Dumfries

DATED this Sixth day of November One thousand eight hundred and Eighty four years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Thomas Reid
being (1) A Graduate in Medicine of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) Third, Kirkmichael
in the County of Dumfries, seen and personally examined
Agnes Johnstone or Dobie, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Thomas Reid M.D.

DATED this 6th day of November One thousand eight hundred and eighty-four

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dobie
Third, Kirkmichael
Certificates under the hands of Thomas Reid
and Alexander Thomson, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Johnstone or Dobie, Third, Kirkmichael, (Pot-wife) and that the said Agnes Johnstone or Dobie, (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 Johnstone or Dobie Patient into the (6) Public Asylum of Crichton 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 Agnes Johnstone or Dobie, which accompanied the said Petition.

DATED this Sixth day of November, One thousand eight hundred and eighty four.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of
Crichton Royal Institution,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No. 4661

~~2772. 1889~~

Agnes Johnstone or Dobie

b. Nov. 1884

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — *of the* (2) Dumfries ~~of~~ and Galloway *and his Substitutes,—*

The Petition of Thomas Hyslop Lynehorn Westerkirk

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Walter Clark Hyslop —

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Son,

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Walter Clark Hyslop ~~Thomas~~ to the Crichton Asylum Dumfries and to sanction his admission into the said Asylum.

Thomas Hyslop

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Thirteenth (4) day of October One thousand eight hundred and Eighty 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,	Walter Clark Hyslop
2. Sex and Age,	Male,
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,	Baillieshill Westerkirk
7. Place where Found and Examined,	Lynehorn do
8. Length of time Insane,	Three Months at this time
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	Twenty
11. When and where previously under Examination and Treatment,	Crichton Asylum
12. Duration of Existing Attack,	Three Months
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relatives of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thomas Hyslop Lynehorn Westerkirk Father No other of the Family have been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Thirteenth day of October One thousand eight hundred and Eighty Four

(*To be signed by Party applying*) Thomas Hyslop

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Gill
being a (1) Bachelor of Medicine & Master in Surgery of the University of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Lyneholm Westerkirk in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Walter Hyslop, Farmer, Lyneholm and that the said Walter C. Hyslop is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

His ~~appearance~~ demeanour while I was with him was restless he kept whispering to himself. On asking him what troubled him he said his all wrong & that when he spoke to the fire or lamp they answered him back about roads.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

His Father, Thos. Hyslop, Farmer, said he kept on sometimes long time talking to the window or fire or some imaginary person in excited voice & then burst out into tears or fits of laughter.

Name and Medical Designation, John Gill MB

Place of Abode, Langholm

DATED this 29th day of Octr One thousand eight hundred and eighty 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.

I, the undersigned, Duncan McC Clark
being a (1) Licentiate of Royal College of Physicians & faculty Physicians & Surgeons Glasgow
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Lyneholm Westerkirk in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Walter Hyslop and that the said Walter C. Hyslop is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Hallucinations of sight & hearing kept to himself in whispers. & every few minutes laughing into fits of laughter. & has a sullen look.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Mr Brothers & Simon Hyslop told me he kept crying at the pitch of his voice at times & argued with unseen striking the walls with his fists & at other times singing

Name and Medical Designation, Duncan McC Clark LRCPE L F P S G. &c

Place of Abode Eskdalemuir

DATED this 30th day of Oct One thousand eight hundred and eighty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas Hyslop, Lyncholm Westerkirk, Certificates under the hands of John Gill and Duncan M.C. Clark, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Walter Clark Hyslop Lyncholm Westerkirk (Person) and that the said Walter Clark Hyslop, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Walter Clark Hyslop as a Patient into the (6) Public Asylum of Crichton 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 Walter Clark Hyslop, which accompanied the said Petition.

DATED this Third day of November, One thousand eight hundred and eighty four.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 4662
~~2773~~

Walter Clark Hyslop

b. Nov. 1884

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) The Lothian & Peebles *and his Substitutes,*—

The Petition of William Nicol

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Katherine Jane Lathem your Petitioner's (3) Niece is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Katherine Jane Lathem to the Royal ~~Morningside Lunatic~~ Asylum and to sanction her admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(2) Royal ~~Morningside Lunatic~~ Asylum

Wm Nicol 15 So Blackett Place

DATED this Fourth (4) day of November One thousand eight hundred and eighty four

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Katherine Jane Lathem
2. Sex and Age,	Female 23 Years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Gentlewoman no occupation
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	12 Cornwallis Place
7. Place where Found and Examined,	62 Queen Street
8. Length of time Insane,	Two days
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	Never
12. Duration of Existing Attack,	Two days
13. Supposed Cause,	Alcohol
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	not Shewn any symptoms etc
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Alexander Lathem 5 Westow Villas Southgate near London. Uncle in Father's side - not aware of insanity being in the family on either side
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this fourth day of November One thousand eight hundred and Eighty four

(*To be signed by Party applying*) Wm Nicol

15 So Blackett Place Edinburgh

P. p.

No. 2779

Katherine J. Lethem

Admitted 6th Nov. 1884

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway
——— *and his Substitutes,*—

(3) Insert Name and Designation.

The Petition of (3) The Revd Garrett Nugent Archdeacon of Meath Ireland humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Garrett Bagge Nugent, ——— your Petitioner's (4) Son ——— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Garrett Bagge Nugent ——— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

X Garrett Nugent

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this Seventh (5) day of Novr ——— One thousand eight hundred and eighty-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,	Garrett Bagge Nugent
2. Sex and age,	Male. 25 years
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Writing Clerk & labouring in Canada
5. Religious Persuasion, so far as known,	Church of Ireland
6. Previous place of abode,	Cookstown Kells, Co Meath
7. Place where found and examined,	At home; examined by Dr James Little of Dublin
8. Length of time Insane,	4 years
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	21 when it first commenced
11. When and where previously under Examination and treatment,	Nowhere
12. Duration of Existing Attack,	
13. Supposed Cause,	Cannot say
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Garrett Nugent Cookstown Kells, Co Meath Father of patient
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventh day of November One thousand eight hundred and eighty four

(To be signed by the Party applying) X Garrett Nugent

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Lubrid. Co. Fermanagh.
2. Character of Education,	Fair Education at home
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Rather reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady & industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	No near relation
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	One brother died of Typhus Fever Mother of Heart disease.
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Imagining that persons intended to poison him about four year ag
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	They seemed to slumber until 6 months ago
13. What changes have taken place in his bodily symptoms?	His bodily health is remarkably
14. Is he dirty, destructive, untidy, or obscene?	No, says very nasty things of
15. Has he threatened or attempted violence to himself? If so, in what way?	No
16. Has he threatened or attempted violence to others? If so, in what way?	No
17. How long has he been insane?	

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, James Rutherford
being (1) a Fellow of the Royal College of Physicians
hereby certify, on soul and conscience, that I have this day, at (2) Enniskillen Royal Institution
in the County of Fermanagh, seen and personally examined
Garrett Bagge Nugent, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Rutherford

DATED this 7th day of June One thousand eight hundred and Eighty four.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE—No. I.

I, the undersigned, Hugh Cunningham being a (1) Licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day at (3) 25 Castle Street Dumfries, ——— in the County of Dumfries ——— separately from any other Medical Practitioner, visited and personally examined (4) Garrett Bagge Augent (Clerk and Labourer) Gokstown, Kells, Co. Meath and that the said Garrett Bagge Augent is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) He is melancholy, taciturn, and imagines he went to Australia and came back in one day.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Hugh Cunningham L.R.C.P.Edin. &c.

Place of Abode, 25 Castle Street, Dumfries.

DATED this seventh day of November One thousand eight hundred and eighty four years.

MEDICAL CERTIFICATE—No. II.

I, the undersigned, James Kerr ——— being a (1) Bachelor of Medicine, Master in Surgery & of the University of Edinburgh — and being in actual practice as a (2) Physician & Surgeon ——— hereby certify, on soul and conscience, that I have this day, at (3) Dumfries Infirmary — ——— in the County of Dumfries ——— separately from any other Medical Practitioner, visited and personally examined (4) Garrett Bagge Augent — Clerk & Labourer, Cookstown, Kells, Co. Meath and that the said Garrett Bagge Augent — is a (5) person of unsound mind ——— and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) He States that at night he is disturbed by Shadows, which speak to him, annoy him, & try to lie down in bed beside him. He is reserved, & it is difficult to obtain answers to questions asked him.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He States that at night he is disturbed by Shadows, & that he feels he is being suffocated by a poisoned atmosphere.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, James Kerr M.B. & C.M.

Place of Abode, 20 Castle St. Dumfries

DATED this seventh day of November One thousand eight hundred and eighty four.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope — (1) Sheriff Substitute, of the (2) County of Dumfries — having had produced to me, with a Petition at the instance of (3) The Revd Garrett Nugent Archdeacon of Meath, Ireland Certificates under the hands of Hugh Cunningham L. R. C. P. Ed. and James Kerr M. B. & C. M. —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Garrett Bagge Nugent, Cookstown, Kells Co. Meath, Ireland and that the said Garrett Bagge Nugent is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Garrett Bagge Nugent — as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize his — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Garrett Bagge Nugent which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Tenth — day of November — One thousand eight hundred and eighty four.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 11604

Name, Garrett B. Nugent

Date of Admission, 7th Nov. 1884

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Counties of Dumfries Shire + Galloway *and his Substitutes,—*

The Petition of John Sowden Inspector of Poor

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Johnstone, Lochside Brockelfoot.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Patient is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Johnstone to the Southern Counties Asylum and to sanction his admission into the said Asylum. Southern Counties Asylum

John Sowden Inspector

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Thirty first (4) day of November 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 Johnstone
2. Sex and Age,	24 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	most of his life in present residence
7. Place where Found and Examined,	Lochside
8. Length of time Insane,	About four years
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	20
11. When and where previously under Examination and Treatment,	February 1880. Lochside
12. Duration of Existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Ure
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thomas Johnstone. Father. Yes.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 7th day of November One thousand eight hundred and 84

(To be signed by Party applying) John Sowden Inspector

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Meggat being a (1) Graduate of Edin. University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Lochside in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Thos Johnstone and that the said Thos 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)

Answers questions in a hesitating and [illegible] manner. Memory gone, does not remember day [illegible] Imagined he got up in the early morning thinking [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Attacked his Mother without any reason again struck a little girl for contradicting him

Name and Medical Designation, John Meggat M.B., [illegible]

Place of Abode, Kirkpatrick Durham

DATED this Seventh day of November One thousand eight hundred and eighty 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.

I, the undersigned, John Patusow Lewis 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) Lochside Cottage parish of Ur in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Thomas Johnstone, Male Catholic residing with his parents at Lochside Cottage and that the said Thomas 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)

says he has lived here three years and was before that nowhere says he is only eighteen years of age,— Does not know what month it is,— or day of the week,— Memory appears very weak, and has an insane, imbecile expression of countenance.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Has threatened his Mother, and lifted articles to strike her with; & she says would have struck her, had she not been from him,— made a very violent threatening attack on a child,— His Mother he has been in violent outrageous passions without cause,—

Name and Medical Designation, John Patusow Lewis M.B.

Place of Abode Dalbeattie

DATED this Seventh day of November One thousand eight hundred and Eighty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Loudon
Inspector of Poor &c
Certificates under the hands of John Muggat
and John Paterson Esqrs, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Lochside Crochilford a pauper and that the said
Thomas 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 Thomas Johnstone as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Johnstone which accompanied the said Petition.

DATED this Eighth day of November One thousand eight hundred and eighty four years

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

4665

No 2775

Thomas Johnstone

8th November 1884

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Renfrew & Bute, *and his Substitute.*

The Petition of Elizabeth Finlay of 61 Elder Street Greenock

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Prentice Finlay

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Prentice Finlay to the Crichton Royal Institution and to sanction his admission into the said Asylum.

Elizabeth Finlay

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this eleventh (4) day of Nov. 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,	John Prentice Finlay
2. Sex and Age,	M. 31.
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Upper Factor
5. Religious Persuasion, so far as known,	protestant
6. Previous Place of Abode,	61 Elder Street, Greenock
7. Place where Found and Examined,	do
8. Length of time Insane,	a few days
9. Whether First Attack,	Y/es
10. Age (if known) on First Attack,	31
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	a few days
13. Supposed Cause,	Anxiety about occupation
14. Whether subject to Epilepsy,	No known slight disposition to it
15. Whether Suicidal,	No
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Elizabeth Finlay mother
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eleventh day of November One thousand eight hundred and eighty-one

(To be signed by Party applying) Elizabeth Finlay

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, Surgeon Wallace of the Royal College of Physicians of Edinburgh being a (1) Qualified in Med. of the Royal College of Physicians Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) No. 61 Elder Street Greenock in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (5) John Rentice Paisley, Horse Factor residing at 61 Elder St. Greenock and the said John Rentice Paisley is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Dryness of speech inability to keep up connection and train of thought impoverished degree of intelligence, Explanation of delusions not responsible for anything, that the Sheriff is come &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His partner states that he has been sleepless for yesterday & to-day & excited, talking to himself &c.

Name and Medical Designation, Edward Wallace, Qualified in Med.

Place of Abode, 61 Union St. Greenock

DATED this twenty-first day of Nov. One thousand eight hundred and eighty-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.

I, the undersigned, William Johnstone Marshall Licentiate of the College of Surgeons Edinburgh Licentiate of the Diploma of Public Health Edinburgh and Licentiate 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) 61 Elder Street Greenock in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (5) John Rentice Paisley Horse Factor residing at 61 Elder St. and the said John Rentice Paisley is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 very slow in answering questions, turns away & the other side of the bed & ceases & talks — keeps muttering to himself

(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 for some months he has been unfit for business — very dull in speech, unfit for any work. His mother states that he asked for the instrument to destroy himself

Name and Medical Designation, W. Marshall Qualified in Med.

Place of Abode 61 Argyle Street Greenock

DATED this eleventh day of Nov. One thousand eight hundred and eighty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Henry Smith Esq Procurator Fiscal Substitute
of ~~the~~ (3) Renfrew & Bute
having had produced to me, with a Petition at the instance of (4) Elizabeth Dunlop 61 Eldon Street Greenock
Certificates under the hands of James Wallace
and R J Marshall Physician Greenock, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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 Prentice Dunlop
and that the said John Prentice Dunlop 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 Prentice Dunlop as a Patient into the (7) Public Asylum of Crichton 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 John Prentice Dunlop which accompanied the said Petition.

DATED this Eleventh day of November One thousand eight hundred and eighty four

Henry Smith

To the Superintendent of the (8) Public
Asylum of Crichton Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

№ 4666

John P. Finlay

12 Novr 1884

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — *of* ~~the~~ (2) Dumfries ~~of~~ and Galloway *and his Substitutes,*—

The Petition of Alexander Anderson, Langholm, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Anderson, Merchant, your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Anderson to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Alexander Anderson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 31st (4) day of October One thousand 84 eight hundred and Eighty four 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 Anderson.
2. Sex and Age,	Male 50 years
3. Married, Single, or Widowed,	Single —
4. Condition of Life, and previous Occupation (if any),	Single and General Merchant
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Twinfoot Langholm
7. Place where Found and Examined,	Langholm —
8. Length of time Insane,	Four Months or thereby
9. Whether First Attack,	No in a somewhat similar State 20 years ago
10. Age (if known) on First Attack,	About 30 years
11. When and where previously under Examination and Treatment,	Langholm with Local Doctor
12. Duration of Existing Attack,	about four Months or thereby
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,	None Private Patient
18. Date of becoming Chargeable,	Not Chargeable
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Alexander Anderson and Sisters residing in Langholm yes Brother has been Insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None —

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 17th day of October One thousand eight hundred and Eighty four years —

(*To be signed by Party applying*) Alexander Anderson

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 Johnston Carlyle being a (1) Graduate of the University Edinburgh & 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) 103 High Street Langholm in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Anderson - 103 High St Langholm and that the said John 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Is restless and undecided, wanders about the house in an unsettled and meaningless state - Afraid of being left alone - Sleeps badly and has frequent fits of depression and also a feeling that he may commit some injury to himself - Has lost all pleasure in his business in which he took so much

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Insanity

The above facts have also been communicated to me by his brother Alexander Anderson.

Name and Medical Designation, W. J. Carlyle M.D.

Place of Abode, Langholm

DATED this 17th day of October One thousand eight hundred and 84

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Gill being a (1) Bachelor of Medicine & Master in Surgery of the University of Edinburgh. and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 103 High St Langholm in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Anderson, Merchant 103 High St. Langholm and that the said John 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

He told me himself that he felt occasional promptings to hang himself. He was very restless sometimes & went about wringing his hands as if in great misery. He is moreover on himself of his mental state & desires to go to the Asylum.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Alexander Anderson, his brother, gave similar testimony to above & said he could not sleep at night and that the trivial things annoyed him and set him on moaning & wringing his hands.

Name and Medical Designation, John Gill M.B., C.M.

Place of Abode Langholm

DATED this seventeenth day of Oct. One thousand eight hundred and eighty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Alexander Anderson, residing in Langholm
Certificates under the hands of William Johnston Carlyle
and John Gill, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Anderson, Merchant, Langholm (Otto's Brother) and that the said John 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 John Anderson as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Anderson, which accompanied the said Petition.

DATED this Twelfth day of November, One thousand eight hundred and eighty four.

David Boyle Stope

To the Superintendent of the (7) Public
Asylum of
Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

John Anderson
~~12 Nov~~
12 Novr 1884

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Sheriffdom of of Dumfries and Galloway *and his Substitutes,*—

Leswalt The Petition of Robert Hugh Bradford Inspector of Poor of humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Burns Gordon or Elen a Pauper at ~~your Petitioner's~~ (3) present under the jurisdiction of the Petitioner is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Burns Gordon or Elen to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

R H Bradford

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twelfth (4) day of November One thousand eight hundred and Eighty 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,	Jane Burns Gordon or Elen
2. Sex and Age,	Female. 45 yrs.
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Pauper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Larg —
7. Place where Found and Examined,	Larg — by strangers
8. Length of time Insane,	"
9. Whether First Attack,	no —
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,	About a week —
13. Supposed Cause,	unknown.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	at times
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Mochrum — admittedly Chargeable
18. Date of becoming Chargeable,	Has been a Pauper on Mochrum for several years.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Jean McDowall or Morland Larg — her aunt.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twelfth day of November One thousand eight hundred and Eighty four

(*To be signed by Party applying*) R H Bradford

John Anderson
12 Oct

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or 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
being a (1) Doctor of Medicine & Scientiate 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) Larg, Lesmahagow
in the County of Lanark separately from any other Medical Practitioner
visited and personally examined (4) Jane Burns Gordon or Glen
and that
the said Jane Burns Gordon or Glen is a (5) person of unsound mind
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She has a listless appearance, talks constantly & incoherently. Is very much excited & violent especially towards her Son & Aunt. Is exceedingly abusive in her language & swearing immediately suppose poor deluded says she is poisoning Arsenic & Lead. That her Aunt plotting against her &c &c.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) From the Aunt with her Aunt constantly she says that she sometimes refuses food saying it is poisoned. & that she becomes violent when she sees near her. &c &c

Name and Medical Designation, David Easton M.D. &c
Place of Abode, Stranraer

DATED this 16th day of November One thousand eight hundred and eighty 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, Hugh Cochrane
being a (1) Licentiate of the Royal College of Physicians of Edinburgh & a Licentiate of the Faculty of Physicians & Surgeons Glasgow
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Larg Lesmahagow
in the County of Lanark separately from any other Medical Practitioner
visited and personally examined (4) Jane Burns Gordon or Glen
and that
the said Jane Burns Gordon or Glen is a (5) person of unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Has a wild excited look and talks about people in a very rambling manner. During my visit she took a basin from her aunt & threatened to throw it on the floor.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her aunt says she has been very excited for some time. Cursing and swearing at times. To-day she hit her with a teapot and knocked her down &c &c

Name and Medical Designation, Hugh Cochrane M.B. &c
Place of Abode Stranraer

DATED this twelfth day of November One thousand eight hundred and eighty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William McGibbon (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Robert Hugh Bradford Inspector of Poor of Kirkwall
Certificates under the hands of David Easton Doctor of Medicine Thurso
and Hugh Cochran Surgeon there, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Burns Gordon or Glen, a pauper and that the said Jane Burns Gordon or Glen is a (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 Burns Gordon or Glen as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Burns Gordon or Glen which accompanied the said Petition.

DATED this twelfth day of November One thousand eight hundred and eighty four years

William McGibbon

MJ

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict.*, *Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of (2) ~~Shire~~ Dumfries & Galloway, *and his Substitutes,*—

The Petition of James Moffat- Craigbeck Cottage, Moffat-

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Moffat-

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) daughter

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Moffat- to the Southern Counties asylum and to sanction her admission into the said Asylum.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twelfth (4) day of November One thousand eight hundred and eighty 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,	Mary Moffat-
2. Sex and Age,	Female. thirty nine years
3. Married, Single, or Widowed,	~~thirty nine~~ Single
4. Condition of Life, and previous Occupation (if any),	Lately serving at home was a servant (house),
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	At present. place
7. Place where Found and Examined,	Craigbeck cottage Moffat parish.
8. Length of time Insane,	Ten 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,	10 days.
13. Supposed Cause,	Uterine disease
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Not at present-
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Moffat- Craigbeck Cottage Father.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twelfth day of November One thousand eight hundred and

(*To be signed by Party applying*) James Moffat

P. g.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William D'Arcy Grange being a (1) Doctor of Medicine & Master in Surgery of the University of Edinburgh and being in actual practice as a (2) Physician & Surgeon. hereby certify, on soul and conscience, that I have this day, at (3) Craysbeck in the Parish of Moffat in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary Moffat Craysbeck Cottage Mr Moffat and the said Mary Moffat 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) Refuses food — raves — Fancies people are cutting her arms off & that her bowels are taken out.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

bounds up & down the floor & raves ~~Spoken~~ answers when spoken to —

Name and Medical Designation, Wm D'Arcy Grange M.D.

Place of Abode, Moffat

DATED this Twelfth day of November One thousand eight hundred and eighty 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.

I, the undersigned, James Munro being a (1) Member of the Royal College of Physicians Edinburgh & Licentiate of the Royal College of Surgeons and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Craysbeck Cottage Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary Moffat Craysbeck Cottage and the said Mary Moffat is a (5) Person of Unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Refuses food - Fancies her bones are all broken. That she is nailed down to the bed

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Raves wanders up & down and the above facts are observed by myself

Name and Medical Designation, James Munro M.D. L.R.C.S.

Place of Abode Moffat

DATED this Thirteenth day of Nov. One thousand eight hundred and eighty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Munro
being (1) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (2) Craigbeck Cottage
in the County of Dumfries, seen and personally examined
Mary Moffat, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Munro M.D. L.R.C.S. Edin.

DATED this 13th day of Nov.r One thousand eight hundred and eighty four

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Esqre (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Jane Moffat
Craigbeck Cottage Moffat
Certificates under the hands of William Tyley Grange
and James Munro, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Moffat Craigbeck Cottage Moffat Petitioners daughter and that the said
Mary Moffat is a (5) insane person & person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Moffat as a Patient into the (6) Public Asylum of Southern Counties—and I authorize you—Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Moffat which accompanied the said Petition.

DATED this Thirteenth day of November One thousand eight hundred and eighty four years

David Boyle Sheriff

To the Superintendent of the (7) Public
Asylum of Southern Counties.

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N° 4669

Mary Moffat

November

13 ~~October~~ 84

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) The County of Kirk.

and his Substitutes,

(3) Insert Name and Designation.

The Petition of (3) John Paton. Kilmarnock

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Martha Calderwood Paton

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) Daughter

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Martha Calderwood Paton to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

John Paton

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 17th (5) day of Nov. One thousand eight hundred and Eighty Four.-

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Martha Calderwood Paton.
2. Sex and age,	Female. aet: 19.-
3. Married, Single, or Widowed,	Single.
4. Condition of Life and previous Occupation (if any),	Polisher.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous place of abode,	Kilmarnock (29 Deans St)
7. Place where found and examined,	29 Dean St. Kilmarnock.
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,	Five days
13. Supposed Cause,	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. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	John Paton, 29 Dean Street, Kilmarnock.- Father.- No.-
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 17th day of Nov. One thousand eight hundred and 84.-

(To be signed by the Party applying) John Paton

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Kilmarnock.
2. Character of Education,	Liberal Education.
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful and frank.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No.
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	None.
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	Mother dead from "chronic diarrhoea".
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	No.
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No.
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Alteration of disposition and delusions.
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	Sleeplessness.
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	She has become gradually worse & with increasing delusions
13. What changes have taken place in his bodily symptoms?	—
14. Is he dirty, destructive, untidy, or obscene?	No.
15. Has he threatened or attempted violence to himself? If so, in what way?	Threatens violence to others.
16. Has he threatened or attempted violence to others? If so, in what way?	—
17. How long has he been insane?	Five days.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of - , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

.....

Dated this day of One thousand eight hundred and

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned John Borland MD 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) 27 Dean Street Kilmarnock in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) Martha Calderwood Paton a Polisher 27 Dean Street Kilmarnock and that the said Martha Calderwood Paton is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

1. Facts indicating Insanity observed by myself: (6) She talks incoherently, is restless & excitable. She refuses food imagining it is poisoned she also imagines the ones people outside the house & can hear them speaking to her

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) That she is restless & sleepless and dangerous to herself and others

(7) *State the Information, and from whom derived.*

Name and Medical Designation, John Borland MD

Place of Abode, 42 Bank Street Kilmarnock

DATED this 17th day of Novr One thousand eight hundred and Eighty four

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Guthrie Rankin being a (1) Doctor of Medicine of Glasgow University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 27 Dean Street Kilmarnock in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) Martha Calderwood Paton a Polisher residing there and that the said Martha Calderwood Paton is a (5) Person of Unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

1. Facts indicating Insanity observed by myself: (6) She is incoherent & excitable. She believes her food is poisoned and refuses to eat except what she cooks herself. She thinks herself constantly pursued by people anxious to do her harm. She sees the skies open & imagines all sorts of things to be thrown down from them. She sees not know the day of the week, and imagines day to be night, & night, day.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her manner is changed: she having become [illegible] and unmanageable. She sleeps none at night. She has threatened violence [illegible] of her relatives & was found in possession of a Knife secreted about her clothing. She is never at rest & never ceases from talking or reading aloud. She believes herself to be a fine lady, possessed of immense wealth.

(7) *State the Information, from whom derived.*

Name and Medical Designation, Guthrie Rankin M.D. M.R.C.P.

Place of Abode, 60 Portland Street Kilmarnock.

DATED this 16th day of Novr One thousand eight hundred and Eighty Four.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSIO[illegible]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, John Watt (1) Sheriff Substitu[illegible]
of the (2) County of Ayr
having had produced to me, with a Petition at the instance of (3) John Pa[illegible]
Kilmarnock
Certificates under the hands of John Borland
and Guthrie Hankin, being two Medical Perso[illegible]
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care an[illegible]
Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunat[illegible]
Asylums in Scotland," setting forth that they had separately visited and examined (4)
Martha Calderwood Paton and that the sa[illegible]
Martha Calderwood Paton is a (5) Lunatic

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you [illegible]
receive the said Martha Calderwood Paton as a Patient into th[illegible]
Crichton Royal Institution for the Insane at Dumfries, and I authorize her
Transmission to the said Asylum accordingly; and I transmit you herewith the sa[illegible]
Medical Certificates, and a Statement regarding the said Martha Calderwood Pa[illegible]
which accompanied the said Petition.

10/1
10/5

DATED this Seventeenth day of November One thousand eig[illegible]
hundred and eighty four.—

John Watt

To the Medical Superintendent of the
Crichton Royal Institution, Dumfries.

Name, Martha C. Paton

Date of Admission, 17th November /84

7997

[Form B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned John Johnston, Inspector of Poor, Penninghame being desirous to transfer John Dewar at present a Patient in the lunatic wards of the Wigtownshire Poorhouse and (1) a pauper lunatic of the parish of which I am Inspector from the said Asylum to the Royal Asylum at Dumfries, and I hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said John Dewar and a Medical Certificate with respect to his mental and bodily condition.

(1) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

John Johnston. Inspector of Poor
for Penninghame, Wigtownshire

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

Dated at Newton Stewart this thirteenth day of November One thousand eight hundred and eighty four years

STATEMENT.

1. Christian Name and Surname of Patient at length,	John Dewar - (or Daig)
2. Sex and Age,	male - 28 years
3. Married, Single, or Widowed,	single
4. Condition of Life, and Previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	18 Jan 1882 - transferred to Dumfries on 5th August 1884
7. Length of time Insane,	since 18 Jan 1882
8. Whether first Attack,	yes
9. Age (if known) on first Attack,	26 years
10. Duration of existing Attack,	2 years 9 months
11. Supposed Cause,	he is one of several illegitimate children of same parents who is alleged freely to drink.
12. Whether subject to Epilepsy,	yes
13. Whether Suicidal,	no.
14. Whether Dangerous to others,	alleged to be - obstinate in poorhouse ward lately
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Penninghame
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of his Family known to be, or to have been Insane,	Mother - Margaret Dewar, Newton Stewart of a scrofulous appearance & irregular in life. Father (deceased unknown) a P.S. who sometimes of 'free habits' but Cork rather strong minded person

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) John Johnston. Inspector of Poor. - Penninghame

Dated this 13th day of November One thousand eight hundred and Eighty four years

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned David Easton being (1) Doctor of Medicine & Secretary of Royal Asylum hereby certify that I have this day at (2) Wigtonshire Poorhouse personally examined John Dewar at present Patient in said Asylum, and with respect to his Mental State that he is weak minded, at time violent requiring considerable restraint to prevent him from injuring himself & others.

; and with respect to his Bodily Health and Condition that with the exception of being subject to frequent Epileptic attacks his bodily health & condition are fair

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries

David Easton

DATED this Eleventh day of Nov One thousand eight hundred and Eighty four.

No 4671
John Dewar or Doig
17 Nov/84

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

Application having been made to the Board by (1) Inspector of Poor, Penninghame to authorize the transfer of John Dewar from Wigton Poorhouse to Dumfries Royal Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said John Dewar as requested.

(2) valid for fourteen days from date.

John Sibbald Commissioner.

DATED at Edinburgh, this 14 day of November One thousand eight hundred and 84

Date of Sheriff's Order:
18th January, 1882.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the (2) Shire~~ of Dumfries & Galloway *and his Substitutes,—*

The Petition of William Wightman 54 English Street Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Jane Irving or Wightman your Petitioner's (3) mother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mrs Jane Irving or Wightman to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

William Wightman

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty fourth (4) day of November —One thousand eight hundred and eighty four 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 Irving or Wightman
2. Sex and Age,	Female 70 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	
5. Religious Persuasion, so far as known,	Protestant — Baptist.
6. Previous Place of Abode,	Collin Mill — Dumfries
7. Place where Found and Examined,	Castle Street, Dumfries
8. Length of time Insane,	Six weeks.
9. Whether First Attack,	Third attack
10. Age (if known) on First Attack,	50 years
11. When and where previously under Examination and Treatment,	once in Southern Counties Asylum 15 years ago —
12. Duration of Existing Attack,	Religious excitement
13. Supposed Cause,	no
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Wightman Son, 54 English St. Dfs.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	no.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty fourth day of November —One thousand eight hundred and

(To be signed by Party applying) W. Wightman

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.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Smith Kerr
being a (1) Graduate of Glasgow University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 33 Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Jane Irving or Wightman and that the said Mrs Jane Irving or Wightman is a (5) person of unsound mind and a proper Person to be detained 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 restless. talking incessantly and incoherently. — She is full of delusions about her condition. Her state of her heart &c &c.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her son says she constantly and wrongly ramble on about her sins &c. She is much changed lately — was a patient before.

Name and Medical Designation, W. S. Kerr M.B. &c

Place of Abode, Dumfries

DATED this 24th day of Nov. One thousand eight hundred and Eighty-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.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Hunter Dryden
being a (1) Graduate of the Royal College of Physicians and Surgeons of Edinburgh
and being in actual practice as a (2) General medical practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 33 Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Jane Irving or Wightman and that the said Mrs Jane Irving or Wightman is a (5) person of unsound mind and a proper person to be detained 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 restless & talks incessantly & wildly — She thinks she has committed an unpardonable sin & is in great fear of the consequences — she also has delusions & imagining that birds are constantly flying about her.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, J. Hunter Dryden M.B.C.M.

Place of Abode 33 Castle Street, Dumfries

DATED this twenty fourth day of November One thousand eight hundred and eighty four years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Hunter Dryden being (1) Licentiate of Colleges of Surgeons Edinr. hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined Mrs Jane Irving or Wightman, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J Hunter Dryden MB CM 1880

DATED this twenty first day of November One thousand eight hundred and eighty four years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, Esquire, (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Wightman, 54 English Street, Dumfries, Certificates under the hands of William Smith Kerr and James Hunter Dryden, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Jane Irving or Wightman Collin Village Dumfries Parish Kirkpatrick Fleming and that the said Mrs Jane Irving or Wightman is a (5) person of unsound mind, and a proper Person to be detained and taken care of; DO HEREBY AUTHORIZE you to receive the said Mrs Jane Irving or Wightman as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Jane Irving or Wightman, which accompanied the said Petition.

DATED this twenty fifth day of November, One thousand eight hundred and eighty four years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties.

Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Sheriffdom of Dumfries & Galloway *and his Substitutes,—*

The Petition of John Johnston, Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Jones your Petitioner's (3) pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Jones to the Royal Asylum at Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

J Johnston Inspector of Poor parish of Penninghame

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty fifth (4) day of November One thousand eight hundred and Eighty four years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Jones
2. Sex and Age,	Female 29
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	seamstress
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Princes St Newton Stewart
7. Place where Found and Examined,	Princes St Newton Stewart
8. Length of time Insane,	Eight days
9. Whether First Attack,	No — sixth attack.
10. Age (if known) on First Attack,	24
11. When and where previously under Examination and Treatment,	Dumfries asylum at various periods since 1878
12. Duration of Existing Attack,	a week
13. Supposed Cause,	conditions of life at home, surroundings
14. Whether subject to Epilepsy,	believed to be unfavourable. No
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Penninghame
18. Date of becoming Chargeable,	26 november 1884
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	illegitimate daughter of (Mrs) Isabella armstrong Moran — no
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty fifth day of November One thousand eight hundred and Eighty four

(*To be signed by Party applying*) J Johnston

Inspector of Poor P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Clark
being a (1) Fellow 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) 13. Princes St Newton Stewart in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Mary Jones. Pauper, 13 Princes St. Newton Stewart and that the said Mary Jones is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Found her both yesterday and to-day in a state of violent excitement - gesticulating, singing, dancing, screaming, laughing and talking very incoherently. She is of a very indelicate & obscene character & her conversation and disgusting language and expressions are the most shameful I have ever heard from the lips of any person.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, James Clark, Surgeon

Place of Abode, Newton Stewart

Dated this twenty fifth day of November One thousand eight hundred and eighty 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, James Gibbons Dickson
being a (1) Doctor of Medicine. University of Glas
and being in actual practice as a (2) Doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (3) 13 Princes Street, Newton Stewart in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Mary Jones. Pauper. 13 Princes Street, Newton Stewart and that the said Mary Jones is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
change in manner and behaviour: restlessness: mental excitement: rapidly varying moods: indecent gestures: under the influence of some disordered imaginations.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
From her Mother and other inmates of the house I learn that this excitement began some days: that she has had no sleep for two days: that her obscene language and indecently appearance

Name and Medical Designation, James G. Dickson.

Place of Abode Woodlea, Newton Stewart

Dated this twenty fifth day of November One thousand eight hundred and Eighty four years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

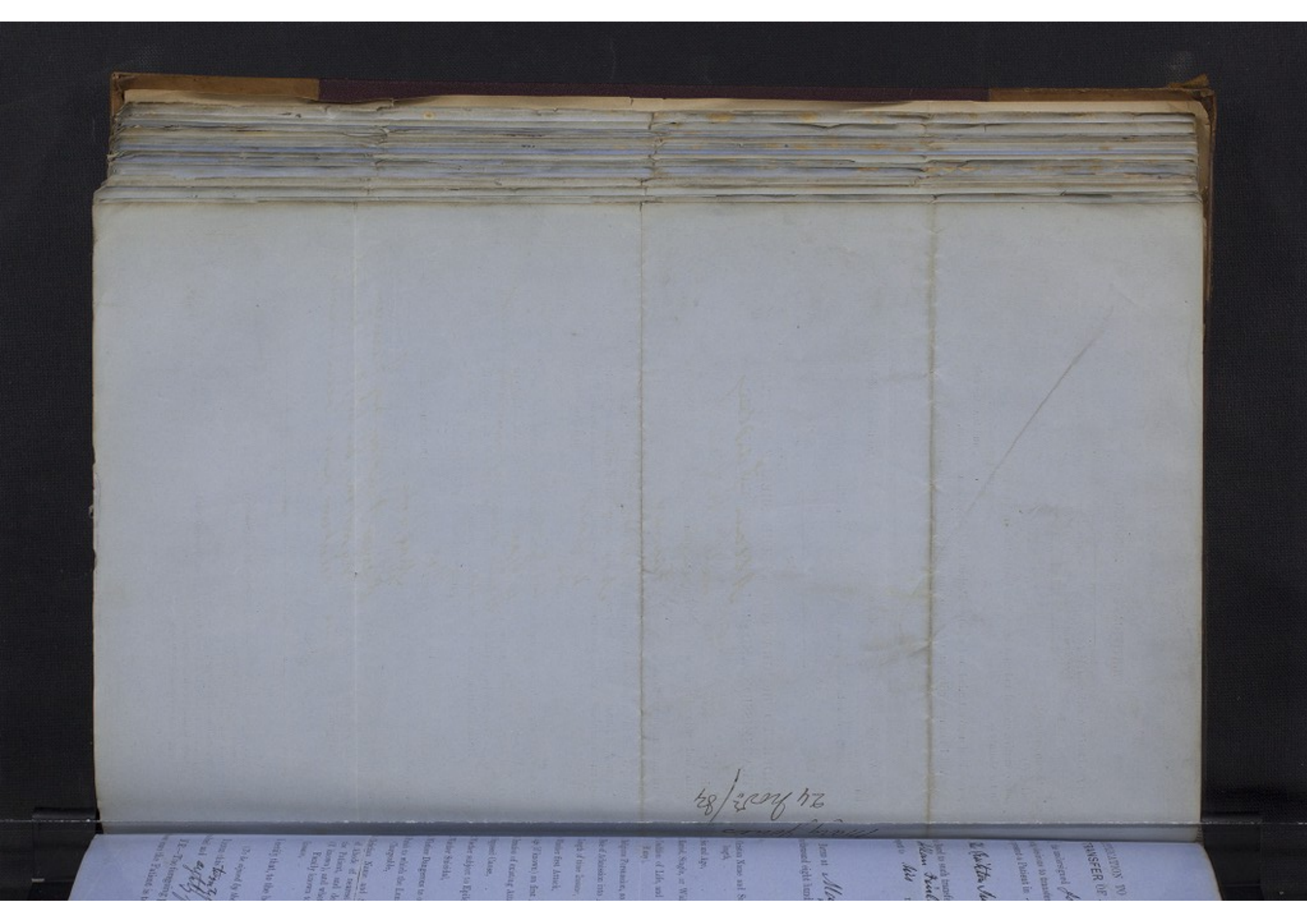
I, John Doig Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) John Johnston Inspector of Poor of Penninghame
Certificates under the hands of James Clark Surgeon
and James Gibbons Dickson M.D. Newton Stewart, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Mary Jones Pauper
Mary Jones 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 Mary Jones as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Jones which accompanied the said Petition.

DATED this Twenty sixth day of November One thousand eight hundred and eighty four

John Doig

To the Superintendent of the (7) Southern Counties Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.



[Form B²

8008

GENERAL BOARD OF LUNACY SCOTLAND 22 NOV 84

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT A TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned John Anderson, Inspector of Poor, Parish of Maybole being desirous to transfer Allan Finlay, a pauper lunatic of the parish of which I am Inspector of Poor at present a Patient in Ayrshire District Asylum, and (1) The Crichton Institution at Dumfries from the said Asylum to the same, hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Allan Finlay and a Medical Certificate with respect to his mental and bodily condition.

(1) If Lunatic is not a Pauper: detained at my instance, or whose nearest known relative I am. If Lunatic is a Pauper: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

John Anderson

(2) Inspector of Poor

Dated at Maybole this twenty first day of November one thousand eight hundred and eighty four

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

24 Nov/84

STATEMENT.

1. Christian Name and Surname of Patient at length,	Allan Findlay
2. Sex and Age,	male 54 years
3. Married, Single, or Widowed,	single
4. Condition of Life, and Previous Occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	Nov 12th 1884
7. Length of time Insane,	4 years
8. Whether first Attack,	No
9. Age (if known) on first Attack,	40 years
10. Duration of existing Attack,	4 years
11. Supposed Cause,	Steps dam aggravated by drink
12. Whether subject to Epilepsy,	no
13. Whether Suicidal,	no
14. Whether Dangerous to others,	Yes
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Maybole
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	James Findlay Esq Farmer Kyrston, his brother. Several relations have been insane

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) John Anderson

Dated this twenty first day of November One thousand eight hundred and eighty four

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned Charles H. Sloan being (1) an M.D. St. Andrews & L.R.C.S.E. hereby certify that I have this day at (2) the Ayr County Asylum personally examined Allan Findlay at present a Patient in said Asylum, and with respect to his Mental State that he has Delusions of exaltation, such as that he is cleverer than anyone else; that he is wealthy that he has landed property, & the like. he is at times restless & excited ; and with respect to his Bodily Health and Condition that they are good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Crichton R. Dumfries

Charles H. Sloan

Dated this 20th day of November One thousand eight hundred and 84

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff

(1) Insert as whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expenses of the maintenance of the Lunatic is defrayed.

Application having been made to the Board by (1) Inspector of Poor, Maybole to authorize the transfer of Allan Findlay from Ayr District Asylum to Crichton Royal Institution, Dumfries and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer of the said Allan Findlay as requested.

John Sibbald Commissioner.

Dated at Edinburgh, this 22nd day of November, One thousand eight hundred and 84.

No 4674
Allan Findlay
27 November 1884

Date of Sheriff's Order:
November 13th 1884

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway —

and his Substitutes—

(3) Insert Name and Designation.

The Petition of (3) James Anderson, Wm Shipper Newcastle upon Tyne —

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Elizabeth Anderson, —

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) Mother —

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Anderson — to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

James Anderson

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this fifth (5) day of December One thousand eight hundred and Eighty 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,	Elizabeth Anderson
2. Sex and age,	Female 62 years.
3. Married, Single, or Widowed,	Widowed
4. Condition of Life and previous Occupation (if any),	Gentlewoman
5. Religious Persuasion, so far as known,	Church of England
6. Previous place of abode,	Newcastle upon Tyne
7. Place where found and examined,	Dumfries
8. Length of time Insane,	6 weeks
9. Whether First Attack,	Has an attack a year ago
10. Age (if known) on First Attack,	61
11. When and where previously under Examination and treatment,	Newcastle upon Tyne & Morpeth
12. Duration of Existing Attack,	6 weeks
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Anderson. Son no
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fifth day of December One thousand eight hundred and Eighty four

(To be signed by the Party applying) James Anderson

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Whitley. Northumberland
2. Character of Education,	
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady & industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	None
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	No Hereditary disease
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	No
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Depression.
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	want of appetite & constantly complaining of pain in the
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	
13. What changes have taken place in his bodily symptoms?	
14. Is he dirty, destructive, untidy, or obscene?	No
15. Has he threatened or attempted violence to himself? If so, in what way?	No
16. Has he threatened or attempted violence to others? If so, in what way?	No
17. How long has he been insane?	

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, Alexander Thomsen being (1) a Doctor of Medicine hereby certify, on soul and conscience, that I have this day, at (2) Crichton R. Institution in the County of Dumfries, seen and personally examined Elizabeth Anderson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alex Thomsen

DATED this Fifth day of December One thousand eight hundred and Eight-fourteen

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Edinburgh and Surgeon and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Anderson wife woman Lauras Terrace Newcastle-upon-Tyne and that the said Elizabeth 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) She thinks there are lambs and monkeys moving about in her room; and flies, which she calls birds, moving about in the air. Which are delusions.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the Facts.*

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Alex. Thomson M.D. &c

Place of Abode, Castle St. Dumfries.

DATED this 5th day of December One thousand eight hundred and eighty four years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Kerr

being a (1) Bachelor of Medicine, Master in Surgery of 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) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Anderson wife of Lauras Terrace Edwardstown Tyne and that the said Elizabeth 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) She states that I am a Lunge. While I was speaking about in the air in front of her, which I was speaking to her, which was a delusion. She also imagines that she is quite ruined & has lost all her money: her conversation is rambling & sometimes incoherent.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the Facts.*

(7) *State the Information, and from whom derived.*

Name and Medical Designation, James Kerr M.B. C.M.

Place of Abode, Castle St. Dumfries.

DATED this 5th day of December One thousand eight hundred and eighty-four.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) James Anderson Wine Shipper, Newcastle on Tyne Certificates under the hands of Alexander Thomson, and James Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Anderson, Newcastle on Tyne (Petrus mother) and that the said Elizabeth 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 Elizabeth Anderson, as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Anderson which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Sixth day of December, One thousand eight hundred and eighty four years. David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 576/3

Name, Elizabeth Anderson

Date of Admission 5th Decr 1884

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Dumfries and Galloway at Kirkcudbright *and his Substitutes,—*

The Petition of John Dunn, Interim Inspector of Poor of Kelton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Smith your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Smith to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

John Dunn

DATED this fifth (4) day of December One thousand eight hundred and eighty four years.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jane Smith
2. Sex and Age,	Female. 55
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Seamstress
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	King Street Castledouglas
7. Place where Found and Examined,	Do
8. Length of time Insane,	two months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	about 35
11. When and where previously under Examination and Treatment,	For two years in Southern Counties Asylum about 20 years ago
12. Duration of Existing Attack,	Two months
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	A little so.
16. Whether Dangerous to others,	—
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kelton Parish
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this fifth day of December One thousand eight hundred and eighty four years.

(*To be signed by Party applying*) John Dunn

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Walter Loraine
being a (1) Graduate of Edin University

and being in actual practice as a (2) General Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) King St
Castle Douglas in the County of
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Jane Smith Pauper
and that
the said Jane Smith is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is in distress about her wickedness believing she is lost for some imaginary sin which she committed years ago she was treated about 20 years ago in the Southern Counties Asylum for similar symptoms

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Those about her can get no rest because of grief - she seems to hint that as there is no for her there is no need for her living longer

Name and Medical Designation, Walter Loraine M.B.

Place of Abode, Castle Douglas

DATED this 4th day of Dec One thousand eight hundred and 84

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Kivison
being a (1) Graduate of Edinburgh University

and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) King St
Castle Douglas in the County of
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Jane Smith Pauper
and that
the said Jane Smith is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is restless and talks about messages about her sins, which she says are too heavy for her to bear. She was treated in Southern Counties Asylum for similar symptoms about 20 years ago

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her niece and neighbours say that she is restless and keeps them from obtaining rest also and continually talking about being lost on account of her

Name and Medical Designation, John Kivison M.B.C.M.

Place of Abode Castle Douglas

DATED this 5th day of December One thousand eight hundred and eighty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Walter Lorraine being (1) Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Roy & Carlisle Dryfesdale in the County of Kirkcudbright, seen and personally examined Jane Smith Pauper, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Walter Lorraine M.D

DATED this 4th day of Dec One thousand eight hundred and 84

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Macarthur Esqr (1) Sheriff Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) John Dunn Certificates under the hands of Walter Lorraine and John Murson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Smith Pauper, and that the said Jane Smith is a (5) pauper of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Smith as a Patient into the Southern Counties Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Smith which accompanied the said Petition.

DATED this Fifth day of December One thousand eight hundred and eighty four

Robt Gordon S.S.

To the Superintendent of the (7) Southern Counties Asylum of Dumfries.

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

5 December /89

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of Dumfries and Galloway and ~~his Substitute for that~~ ~~and his Substitutes,~~ of the (2) Stewartry of Kirkcudbright

The Petition of Elizabeth McAllister, High Boreland,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella McAllister

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Daughter

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isabella McAllister to the Crichton asylum, Dumfries, and to sanction her admission into the said Asylum.

Elizabeth McAllister

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Ninth (4) day of December One thousand eight hundred and eighty 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,	Isabella Mc Allister
2. Sex and Age,	Female 25 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	~~Lives~~ Lives with her Mother.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	High Boreland Kirkcudbright
7. Place where Found and Examined,	High Boreland Kirkcudbright
8. Length of time Insane,	~~four weeks~~ 4 years.
9. Whether First Attack,	has had several former attacks.
10. Age (if known) on First Attack,	21 years.
11. When and where previously under Examination and Treatment,	4 years ago at High Boreland
12. Duration of Existing Attack,	5 weeks
13. Supposed Cause,	Meningitis (Cerebral)
14. Whether subject to Epilepsy,	~~No~~ Yes
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	very little
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	~~Dumfries~~ Private Patient
18. Date of becoming Chargeable,	~~Dec 9th 1884~~
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Elizabeth Mc Allister, High Boreland Kirkcudbright. Mother A Sister of Patient had Puerperal Mania.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this ~~9th~~ 8th day of December One thousand eight hundred and 84

(*To be signed by Party applying*) Elizabeth Mc Allister

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 MacMyn
being a (1) Bachelor of medicine and Master of Surg
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) High Bra
Kirkcudbright
Kirkcudbright in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Isabella Mc Allister
High Boreland and
the said Isabella Mc Allister is a (5) person
of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
Gets no sleep at night. Is in a melan
choly state. Has various fancies. Can d
nothing to cheer her.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her mother says she threatened to drown
herself in the Mill-dam ~~& that~~ says
she got her mother and other friends a
bad to her.

Name and Medical Designation, John MacMyn M.B.

Place of Abode, Kirkcudbright

DATED this 8th day of December One thousand ei
hundred and 84

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or 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 Moffat
being a (1) Graduate of the University of Glasgo
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) High
Boreland, Parish of Kirkcudbright in the County
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Isabella Mc Allister, person
residing at High Boreland and th
the said Isabella Mc Allister 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) Her general
appearance and incoherence of statement to them
at times she talked rationally enough. She told th
her head had never been right since she had what she
called "brain fever" some few years ago.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her Mother informed me she gets no sleep at nig
and has to be constantly watched because she would thro
herself out of bed, would leave the house in a state of nudity
on Saturday last threatened to drown herself in the Mill Dam
She thinks her friends are all against her.

Name and Medical Designation, James Moffat, M.B. Edi

Place of Abode Church Place, Kirkcudbrigh

DATED this Eighth day of December One thousand eigh
hundred and Eighty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(2) State medical qualification. (3) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Bell Esquire (1) Sheriff Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Elizabeth McAllister Certificates under the hands of John Macartyn and James Moffat, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Isabella McAllister and that the said Isabella McAllister is a (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 McAllister as a Patient into the (6) ~~[illegible]~~ 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 Isabella McAllister which accompanied the said Petition.

DATED this Ninth day of December One thousand eight hundred and eighty four. (two words delete)

William Bell.

To the Superintendent of the (7) Crichton
Asylum of Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Admitted 9 December 1884.

Admitted 11 December 1884

Lochmaber

Admitted 11 December 1884

Fochmaber

[FORM A[1]]

20 & 21 *Vict., Cap.* 71, *Sect.* 37.

NOTICE OF ADMISSION.

I HEREBY GIVE NOTICE, That (1)

was received into this House as a (2)

Patient on the (3) day of

and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

_____ *Superintendent.*

DATED at this (4) day of

One thousand eight hundred and seventy

To the Secretary of the
General Board of Lunacy.

REPORT.

I HAVE this day (4) seen and personally examined

the Patient named in the above Notice,

and hereby report and certify, with respect to mental state, that (5)

and with respect to bodily health and condition, that (6)

_____

(7)_____

DATED this day of One thousand eight hundred and

(1) Name and Designation.
(2) Private or Pauper.
(3) Some day within fourteen days after the date of the Order of the Sheriff; or within twenty-one days, if the Order be granted by the Sheriff of Orkney and Shetland.
(4) Some day not less than two clear days after the admission of the Patient, and before the expiration of fourteen clear days after admission.
(5) Insert Particulars.
(6) Insert Particulars.
(7) Add Designation.

Admitted 9 December 1884.

~~(Copies.)~~

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Counties~~ of Dumfries Kirk & Galloway *and his Substitutes,*—

The Petition of Alex McGeachan Inspector of Poor Lo[illegible] humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Smith your Petitioner's (3) Pauper or Poor Person is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Smith to the 8 Counties asylum and to sanction his admission into the said Asylum. Alex McGeachan Inspector of Poor

11th December 188[illegible]

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 11th (4) day of December One thousand [illegible] eight hundred and 84.

STATEMENT.

If any 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 Smith
2. Sex and Age,	Male 80
3. Married, Single, or Widowed,	Widowed
4. Condition of Life, and previous Occupation (if any),	Weaver
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	32 Queen St
7. Place where Found and Examined,	D D
8. Length of time Insane,	14 Days
9. Whether First Attack,	Unknown
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	14 Days
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	—
15. Whether Suicidal,	—
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Lochmaben
18. Date of becoming Chargeable,	11th December
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Catherine Smith Daughter None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 11th day of Dec One thousand eight hundred and 84

(*To be signed by the Party applying*) Alex McGeachan Inspector of Lochmaben

~~(Copies.)~~

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Thomas Reid
being a (1) Graduate in Medicine of Glasgow University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 32 Queen St Lochmaben in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Smith, Pauper 32 Queen St Lochmaben and that the said William 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) Does not remember the slightest thing of the most recent occurrence that he has lost some one who has plenty to put him all right if is a delusion. Speaks like a child to himself his talk being [illegible]

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Catherine Smith his daughter says he cannot be kept in bed at night but will be out, was very noisy and breathing [illegible] last night, Has constantly to be watched he was lost for 3 days [illegible] a fortnight ago and they had great searching before they found him [illegible] from home

Name and Medical Designation, Thos Reid M.D.

Place of Abode, Lochmaben

DATED this 11th day of December One thousand eight hundred and eighty four

(1) Set forth the qualification entitling the person certifying to grant the certificate; e. g., Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) Insert the street, and number of the house (if any), or other like particulars.

(4) Insert Designation and Residence, and if a Pauper state so.

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) State the facts.

(7) State the information, and from whom derived.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, John Smith
being a (1) Graduate in Medicine of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Smith 32 Queen St Lochmaben Pauper and that the said William 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) His appearance of unbecility & insane actions. His continually muttering incoherently, his restless & cannot answer questions

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr McGee chair informs me that he cannot be controlled. He wanders about at night & is sometimes destructive & violent

Name and Medical Designation, John Smith M.D.

Place of Abode, 14 Castle St Dumfries

DATED this 11th day of December One thousand eight hundred and eighty four 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.

(*Copies.*)

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, being (1) Graduate in Medicine & Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) 16 Castle St
in the County of Dumfries, seen and personally examined
William Smith, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith M.D.

DATED this 11th day of December One thousand eight hundred and eighty four years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute,
of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Alexander McGeach Inspector of Poor, Lochmaben,
Certificates under the hands of Thomas Reid,
and John Smith, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Smith, 22 Queen Street Lochmaben, (a pauper)
and that the said William Smith, is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Smith, 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 William Smith, which accompanied the said Petition.

DATED this Twelfth — day of December, — One thousand eight hundred and eighty four years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the (2) County of Kirkcudbright~~ & Dumfriesshire Galloway and his Substitutes,—

The Petition of George A Turnbull, Clogger, Langholm, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner's (3) Uncle 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 Royal Crichton Institution and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

George A Turnbull

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this ~~24~~ 7th (4) day of ~~November~~ 9 December A.T. One thousand eight hundred and Eighty four. ~~December~~

STATEMENT.

If any 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,	47 years —
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Millworker
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	High St Langholm
7. Place where Found and Examined,	do " do " —
8. Length of time Insane,	two Months —
9. Whether First Attack,	second attack
10. Age (if known) on First Attack,	about 23 years of age
11. When and where previously under Examination and Treatment,	Langholm. than Crichton Institute
12. Duration of Existing Attack,	Six Months
13. Supposed Cause,	thought at the time to be sunstroke
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,	No —
18. Date of becoming Chargeable,	November 24th 1884 —
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	two Sisters living in Langm. Brother in Asylum
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	No —

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this ~~Nov 24~~ 7th day of ~~December~~ 9 December A.T. One thousand eight hundred and Eighty four

(*To be signed by Party applying*) George A Turnbull

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Gill being a (1) Bachelor of Medicine & Master in Surgery of Univ. and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Rosevale St. Langholm in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Alexander Anderson, Millworker, High St, Langholm 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

He was very depressed looking when seen by me & would [illegible] speak unless spoken to which is quite different from his usual [illegible] On questioning him he said a prompting to suicide as an end to his feelings sometimes occurred to him. He said he felt quite light & confused about [illegible] as if he [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

His sister Myrtle Anderson says she finds him [illegible] to his usual in spirits & so low that he scarcely speaks. He has [illegible] suicide several times, & generally corroborates the above [illegible] of my own.

Name and Medical Designation, John Gill M.B., [illegible]

Place of Abode, Langholm

DATED this 23rd day of Nov. One thousand eight hundred and eighty 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.

I, the undersigned, William Johnston Carlyle M.D. being a (1) Graduate of the University of Edinburgh and Licentiate of the Royal College of Surgeons [illegible] and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Erik Villa Langholm in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Alexander Anderson High St. Langholm 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Great depression with various morbid delusions - under the influence of which he threatens to injure [illegible] expresses a wish he was dead rather than [illegible] from such thoughts -

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His Nephew in law John Anderson, watchmaker, has mentioned that he wanders about in an unsettled state and [illegible] threatened suicide

Name and Medical Designation, W. J. Carlyle M.D.

Place of Abode Langholm

DATED this 23 day of Nov. One thousand eight hundred and 84

CERTIFICATE OF EMERGENCY.

(This Certificate authorises the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute
of the (2) county of Dumfries —
having had produced to me, with a Petition at the instance of (3) George A. Turnbull,
Surgeon, Langholm —
Certificates under the hands of John Gill —
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) Alexander Anderson High Street Langholm (Weaver)
and that the said Alexander 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 Alexander Anderson — as a Patient into the (6) Public Asylum of Dumfries 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 Alexander Anderson, — which accompanied the said Petition.

DATED this Fifteenth day of December One thousand eight hundred and eighty four.

David Boyle Hope.

To the Superintendent of the (7) Public
Asylum of Dumfries Royal Institution
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Alexander Anderson

Admitted 15 December 1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) Dumfries & Galloway and his Substitutes,—

The Petition of Miles Mc Dowall, Inspector of Poor, Dumfries.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Fraser your Petitioner's (*) Lodger, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Fraser, to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Miles Mc Dowall

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 19th (*) day of December One thousand eight hundred and Eighty Four 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 Fraser
2. Sex and Age,	Male - 17 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Hawker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	31 Friar's Vennel on night - previous not stated
7. Place where Found and Examined,	do do
8. Length of time Insane,	Not known
9. Whether First Attack,	—
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	—
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	18th Dec. 1884
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Not Known —
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Want of information.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 19th day of December One thousand eight hundred and Eighty Four years.

(*To be signed by Party applying*) Miles Mc Dowall

P. P.

Admitted 18th December 1884

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Northern Constable
being a (1) Graduate of the Faculty of Physicians
and Surgeons of the 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) 31 Friars Vennel
Dumfries
Dumfries in the County of
separately from any other Medical Practitioner
visited and personally examined (4) John Fraser (a Pauper)
and that
the said John Fraser is a (5) person of
Unsound Mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Seems very much
State Expense give any sort of satisfactory
answer to questions. Looks from his Case
and looks altogether Mystified or so

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Hospital Attendant states that he is violently
disturbed at times and talks quite
incoherently and Dangerous language

Name and Medical Designation, } William Hall M.D.

Place of Abode, 27 Buccleuch St Dumfries

DATED this 19th day of Dec One thousand eight
hundred and eighty 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, Richard B. Lorraine
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 31 Friars Vennel
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) John Fraser (a Pauper)
and that
the said John Fraser (Pauper) is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) has a vacant
and wild appearance
look says sometimes his mother is living
other times that she is ~~living~~ dead - does'nt know
~~he~~ he is - seems suspicious and very restless. has
staggering gait

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, } Richard B. Lorraine M.D.

Place of Abode 16 Castle St Dumfries

DATED this nineteenth day of December One thousand eight
hundred and eighty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute,
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Miles M'James, Inspector of Poor Dumfries,
Certificates under the hands of William Marshall, —
and Richard B Lorraine —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Fraser, 31 Friars Vennel Dumfries (a pauper), and that the said John Fraser, — is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Fraser, — 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 Fraser which accompanied the said Petition.

DATED this Nineteenth day of December, One thousand eight hundred and eighty four.

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

David Boyle Hope

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 1680.

John Fraser.

Admitted 19 December 1884

Dumfries.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the~~ (2) Dumfries ~~of Galloway~~ *and his Substitutes,—*

The Petition of John Maxwell. Insp^r of Poor.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Hairstens. or Lennon.—

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper. is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isabella Hairstens or Lennon to the Southern Counties Asylum and to sanction her admission into the said Asylum.

John Maxwell

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 22nd (4) day of December One thousand eight hundred and eighty four 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 Hairstens. or Lennon.
2. Sex and Age,	Female, aged 33 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Poor Loom Weaver. before Marriage
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Southern Counties Asylum.
7. Place where Found and Examined,	Brewery Street. Dumfries
8. Length of time Insane,	a few days.
9. Whether First Attack,	Second attack
10. Age (if known) on First Attack,	32 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum.
12. Duration of Existing Attack,	a few days.
13. Supposed Cause,	won't work. and a bad temper
14. Whether subject to Epilepsy,	Not that I am aware of
15. Whether Suicidal,	Rather suspect she is violent that way.
16. Whether Dangerous to others,	think she is when in her fits of temper
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Drogueda.
18. Date of becoming Chargeable,	4th July 1881.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Father. Charles Hairstens a Gardener residing at Foot of Friars-Vennel Dumfries. Husband. John Lennon. in Leeds.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 22nd day of December One thousand eight hundred and eighty four years.

(To be signed by Party applying) John Maxwell. Insp^r of Poor. Drogueda.

Admitted 19 December 1884

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal Colleges of Surgeons and Physicians Edinburgh and being in actual practice as a (2) General practioner hereby certify, on soul and conscience, that I have this day, at (3) Brewery Sheet Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Hairstens or Lennon, a pauper and that the said Isabella Hairstens or Lennon is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She says that she hears voices, speaking to her, that she is continually annoyed by some persons unknown to her, she also states that her life has been threatened, & those of her children

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She has had previous residence in an asylum = communicated to me by Inspector of Poor for Troquen Parish —

Name and Medical Designation, J Hunter Dryden Gr[illegible]

Place of Abode, 39 Castle Sheet Dumfries

DATED this twenty second day of December One thousand eight hundred and eighty 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.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Cunningham being a (1) Licentiate of the Royal Colleges of Physicians & 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) Brewery St Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Hairstens or Lennon Pauper, Brewery St, Dumfries and that the said Isabella Hairstens or Lennon is a (5) person of unsound mind and a proper person to be detained 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 facial expression indicates mental disorder, she talks incoherently & speaks in a manner which would lead one to suppose that she meant to take her children's lives,

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She has been in the Asylum once before & was detained there for the period of eight months.

Name and Medical Designation, John Cunningham M.D. L.R.C.P.[illegible]

Place of Abode Dumfries

DATED this Twenty second day of December One thousand eight hundred and Eighty four years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Hunter Bryden
being (1) Licentiate of the Royal College of Surgeons Edinr
hereby certify, on soul and conscience, that I have this day, at (2) Brewery Street
in the County of Dumfries, seen and personally examined
Isabella Hairstens or Lennon - a pauper, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J Hunter Bryden MRCS&L

DATED this 21st day of December One thousand eight hundred and eighty four years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Maxwell,
Inspector of Poor Troqueer
Certificates under the hands of James Hunter Bryden
and John Cunningham, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Isabella Hairstens or Lennon Brewery St Dumfries and that the said Isabella Hairstens or Lennon (5) pauper of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Isabella Hairstens or Lennon as a Patient into the (6) Public Asylum of Northern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit to you herewith the said Medical Certificates, and a Statement regarding the said Isabella Hairstens or Lennon which accompanied the said Petition.

DATED this twenty second day of December, One thousand eight hundred and eighty four.

David Boyle Hope

To the Superintendent of the (7) 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, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Isabella Hemmens or Kemmis

Admitted 22 December
1884

Iroquois.

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway,

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) Thomas Carlyle Beatty Physician, Seaham Harbour, Co. Durham.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Mary Coxon Beatty

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Coxon Beatty to the Crichton Royal Institution for the Insane at Dumfries, and to sanction Her admission into the said Asylum.

T. C. Beatty

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 24th (5) day of December One thousand eight hundred and eighty 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,	Mary Coxon Beatty
2. Sex and age,	Female, 36 years
3. Married, Single, or Widowed,	single
4. Condition of Life and previous Occupation (if any),	daughter of surgeon
5. Religious Persuasion, so far as known,	Church of England
6. Previous place of abode,	Seaham Harbour, Co. Durham
7. Place where found and examined,	
8. Length of time Insane,	six years
9. Whether First Attack,	no. third attack
10. Age (if known) on First Attack,	30
11. When and where previously under Examination and treatment,	First time 1879 for 3 months, Dunston Lodge, Gateshead, Durham; 2nd time 1879 for 4 years Dinsdale Park, Darlington, Durham for 3 months
12. Duration of Existing Attack,	9 months
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thomas Carlyle Beatty Seaham Harbour Co. Durham Her father. No other member of family has been known to be insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated:

DATED this sixteenth day of December One thousand eight hundred and eighty four

(To be signed by the Party applying) T. C. Beatty

Admitted 22 December 1884

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Easington, Co. Durham
2. Character of Education,	
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Changeable
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Unsettled & intemperate
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Yes - answered in previous Statement
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	None
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	Father & mother brothers & sisters living but one brother who died Rio-de-Janeiro from climatic
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	No
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Confined herself to one room refused food preferred to be alone & sat in dark spirit-lamp and talked to herself suffered from much excitement
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	neuralgia (facial)
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Has been better whilst at home having taken exercise in the grounds has also been tolerant & bazaar
13. What changes have taken place in his bodily symptoms?	So recovering from an attack of rheumatism - tongue was
14. Is he dirty, destructive, untidy, or obscene?	Very cleanly & tidy.
15. Has he threatened or attempted violence to himself? If so, in what way?	Has threatened suicide & fixed when removed to Dingsby & packet poison was found upon her
16. Has he threatened or attempted violence to others? If so, in what way?	No
17. How long has he been insane?	Present attack about 9 mo

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, James Rutherford, being (1) a Fellow of the Royal College of Physicians hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution in the County of Dumfries, seen and personally examined Mary Coxon Beatty, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Rutherford M.D.

DATED this 23rd day of December One thousand eight hundred and Eighty four—

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow, and Surgeon and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day at (3) Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Coxon Beatty - Surgeon's daughter, Seaham Harbour Co. Durham and that the said Mary Coxon Beatty is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) Has an aversion to her family - says she cannot live at home - talks in an excited manner about her home difficulties and seems to magnify and exaggerate them.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her brother J. C. Beatty writes that at home she shuts herself up in one room and often refuses food for weeks at a time; and that she has frequently threatened suicide.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Alex Thomson M.D. &c

Place of Abode, Dumfries

DATED this Twenty fourth day of December One thousand eight hundred and Eighty four years —

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal Colleges of Physicians & Surgeons Edinburgh and being in actual practice as a (2) General Medical practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Coxon Beatty of Seaham Harbour, County Durham and that the said Mary Coxon Beatty is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) She comes in a state of morbid excitement, expresses immaturally aversion to her friends and parents. She admits having purchased poison -

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her brother Mr. T. Beatty writes, that at home, she occasionally refuses food, and threatens to swallow poison. Her immediately former residence, was Dinsdale Park, Asylum, Darlington

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J Hunter Dryden RCSEd

Place of Abode, 39 Castle Street, Dumfries,

DATED this twenty fourth day of December One thousand eight hundred and eighty four years —

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope — (1) Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Thomas Laing Beatty, Physician, Seaham Harbour, County Durham, Certificates under the hands of Alexander Thomson, —— and James Hunter Dryden ——, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Coxon Beatty Seaham Harbour County Durham and that the said Mary Coxon Beatty, — is a (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 Coxon Beatty, — as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her —— Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Coxon Beatty which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twenty fourth day of December One thousand eight hundred and eighty four.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name Mary Coxon Beatty

Date of Admission 27 December 1884

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) John Crombie Buchanan - of Heathfield, Kirkcolm.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Elizabeth Buchanan

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) Wife

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Buchanan to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Jno C. Buchanan

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this twenty fourth (5) day of December One thousand eight hundred and Eighty 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,	Elizabeth Buchanan
2. Sex and age,	Female — Forty Seven
3. Married, Single, or Widowed,	Married
4. Condition of Life and previous Occupation (if any),	
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	Kilmaelm
7. Place where found and examined,	Found & Examined at Dumfries.
8. Length of time Insane,	
9. Whether First Attack,	Not first attack
10. Age (if known) on First Attack,	
11. When and where previously under Examination and treatment,	Saughton Hall Marybank
12. Duration of Existing Attack,	
13. Supposed Cause,	Hypomania
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	Threatens
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
Date of becoming Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Crombie Buchanan, above designed (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.

DATED this twenty fourth day of December One thousand eight hundred and Eighty four

(To be signed by the Party applying) Jno C. Buchanan

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -)
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -)
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -)
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -)
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? - - - -)
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -)
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -)
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -)
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? -)
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - -)
13. What changes have taken place in his bodily symptoms? - - - - - - -)
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -)
16. Has he threatened or attempted violence to others? If so, in what way? - - -)
17. How long has he been insane? - - - -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

.....

Dated this day of One thousand eight hundred and .

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Alexander Thorburn being a (1) Doctor of Medicine of the University of Edinburgh & Licentiate of the Royal Colleges of Physicians & Surgeons of Edinburgh & Glasgow — and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day at (3) 16 Castle Street Dumfries in the Royal Lunatic Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Elizabeth Buchanan Heath Field, Dalmacellan and that the said Mrs Elizabeth Buchanan is a (5) person of unsound mind — and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, or otherwise, as the case may be.
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) Her excited appearance, and incoherent conversation; thinks she has been visited by people, who have not been near her: and hears voices and noises that do not exist —

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Alex Thorburn MD &c.

Place of Abode, Castle St — Dumfries

DATED this twenty seventh day of December One thousand eight hundred and eighty four years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Richard B. Lorraine ——— being a (1) Graduate of Edinburgh University ——— and being in actual practice as a (2) Physician & Surgeon ——— hereby certify, on soul and conscience, that I have this day, at (3) 16 Castle Street Royal Institution ——— in the County of Dumfries ——— separately from any other Medical Practitioner, visited and personally examined (4) Mrs Elizabeth Buchanan ——— and that the said Mrs Elizabeth Buchanan is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, or otherwise, as the case may be.
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) Is very excitable talks incoherently. Has delusion about her husband and daughter having visited her and having been cruel to her. Hears voices and sounds outside her room when there are no sounds. —

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Richard B. Lorraine MB &c

Place of Abode, 16 Castle St Dumfries

DATED this twenty seventh day of December One thousand eight hundred and eighty four

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I William Youngstorries Scott, Hon. Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Crowe Buchanan of Heathfield, Kilmaleoch, Certificates under the hands of Alexander Thomson and Richard B. Lorraine, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Elizabeth Buchanan (Petitioner's wife) and that the said Mrs Elizabeth Buchanan is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mrs Elizabeth Buchanan as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Elizabeth Buchanan which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twenty-seventh day of December, One thousand eight hundred and eighty four.

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

[signature]

Name, Mrs Elizabeth Buchanan

Date of Admission, 27 December 1884.

No. 21005

8038

[FORM B]

GENERAL BOARD OF LUNACY
26 DEC 84
SCOTLAND

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Janet Lich Morrison, Viewbank, Liberton being desirous to transfer James Morrison at present a Patient in the Royal Edinburgh Asylum, and (1) detained at my instance from the said Asylum to the Lich ton Royal Institution, Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said James Morrison and a Medical Certificate with respect to his mental and bodily condition.

(1) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

Janet Lich Morrison
wife

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Liberton this 24th day of December one thousand eight hundred and eighty-four

STATEMENT.

1. Christian Name and Surname of Patient at length,	James Morrison
2. Sex and Age,	male 60
3. Married, Single, or Widowed,	married
4. Condition of Life, and Previous Occupation (if any),	Commercial traveller
5. Religious Persuasion, so far as known,	Presbyterian
6. Date of Admission into Asylum,	9th October 1884
7. Length of time Insane,	about five years
8. Whether first Attack,	no, second
9. Age (if known) on first Attack,	32
10. Duration of existing Attack,	about five years
11. Supposed Cause,	business matters
12. Whether subject to Epilepsy,	no
13. Whether Suicidal,	no
14. Whether Dangerous to others,	yes
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of his Family known to be, or to have been Insane,	Mrs Janet Lich Morrison Viewbank Liberton a collateral relation said to have been of unsound mind

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Janet Lich Morrison

DATED this 24th day of December One thousand eight hundred and eighty-four

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(2) State Medical Qualification.
(3) Name Asylum.

I, the undersigned Thomas Smith Clouston being (1) Fellow of the College of Physicians Edin. hereby certify that I have this day at (2) the Royal Edin. Asylum personally examined James Morrison at present a Patient in said Asylum, and with respect to his Mental State that he is facile morbidly enabled in feeling, & is dangerous when at home

; and with respect to his Bodily Health and Condition that they are good.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries

T. Clouston M.D.

Dated this 24th day of Dec. One thousand eight hundred and 84.

SANCTION BY THE BOARD OF LUNACY.

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

Application having been made to the Board by (1) Janet Inch Morrison to authorize the transfer of James Morrison from Edinburgh Royal Asylum to Crichton Royal Institution, Dumfries, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said James Morrison as requested.

Thomas Mitchell Commissioner

Dated at Edinburgh, this 26th day of December One thousand eight hundred and 84.

No 4684.
Mr James Morrison
Admitted 30 December 1884

Date of Sheriff's Order,
9th October 1884.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward. (*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff ~~of the (*) Shire~~ of Dumfries & Galloway and his Substitutes,—

The Petition of James Laurie Inspector of Poor, Dunscore humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Esdaile ~~your Petitioner's~~ (*) a Pauper Lunatic is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Esdaile to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Laurie
Inspector of Poor

(*) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this third (*) day of January One thousand eight hundred and eighty five

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	William Esdaile.
Sex and Age,	Male, About 71
Married, Single, or Widowed,	Widower
Condition of Life, and previous Occupation (if any),	Labourer
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Terregles
Place where Found and Examined,	Gateside of Moat Dunscore
Length of time Insane,	Symptoms for about a week
Whether first Attack,	No
11. Age (if known) on first Attack,	Not known
12. When and where previously under Examination and Treatment,	Southern Counties Asylum
13. Duration of existing Attack,	See No 8
14. Supposed Cause,	Not Known
15. Whether subject to Epilepsy,	Yes
16. Whether Suicidal,	No.
17. Whether Dangerous to others,	Yes
18. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Terregles
19. Date of becoming Chargeable,	25th June 1884
20. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary Paterson (daughter) Gateside of Moat
21. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this third day of January One thousand eight hundred and eighty five

(*To be signed by Party applying*) James Laurie
Inspector of Poor
Dunscore

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 Callender
being a (1) Bachelor of Medicine and Master in Surgery of the University of Glasgow
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Gateside of Mo[illegible] in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Esdaile, a pauper, and that the said William Esdaile is a (5) person of unsound Mind and a proper person to be detained 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 Loss of Memory Delusions.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Throwing articles of furniture at his daughter, destroying his clothes. Told me by his daughter.

Name and Medical Designation, James Callender M.B.

Place of Abode, Dunscore, By Auldgirth

DATED this second day of January One thousand eight hundred and eighty five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or 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) Graduate in Medicine 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) 14 Castle St. Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Esdaile. Gate of Moat Dunscore, a pauper and that the said William Esdaile is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6). Incoherence of Speech. Great loss of memory. & delusions.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr. Laurie informs me that during the last week he has been very peculiar, threatening violence to his daughter. He was formerly in an asylum as a patient

Name and Medical Designation, John Smith M.B.

Place of Abode, 14 Castle St. Dumfries

DATED this 3rd day of January One thousand eight hundred and eighty five years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Callender being (1) Bachelor of Medicine and Master in Surgery of the University of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Gateside of Moat in the County of Dumfries, seen and personally examined William Esdaile, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Callender M.B.

DATED this Second day of January One thousand eight hundred and eighty five.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff-Substitute of the (2) County of Dumfries, James Lawrie having had produced to me, with a Petition at the instance of (3) Inspector of Poor, Dumfries, Certificates under the hands of James Callender and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Esdaile, Gateside of Moat, Dumfries (a Pauper) and that the said William Esdaile is a (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 Esdaile 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 William Esdaile, which accompanied the said Petition.

DATED this Third day of January One thousand eight hundred and eighty five.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

William Isaacs,
Torrens.
Admitted 3 January 1895.

APPLICATION TO
TRANSFER OF

I, the undersigned
being desirous to transf
a proposed Patient in

the Board to sanction
required to

DATED at
the forenoon of eight hund

1. Christian Name and S
Surname, .
2. Sex and Age,
3. Married, Single, or Wi
4. Condition of Life, and
Party),
5. Religious Persuasion, w
6. Date of Admission into
7. Length of time Insane,
8. Whether first Attack,
9. Age [if known] on first
10. Number of existing Att
11. Supposed Cause,
12. Whether subject to Epil
13. Whether Suicidal,
14. Whether Dangerous to o
15. Adult to which the Lun
Chargeable,
Christian Name and Su
of Kinds of nearest
the Patient, and deg
[if known], and whet
Family known to
known,

I certify that, to the b

(To be signed by Ab

Dated this

N.B.—The foregoing
from the Patient is to

8045

[FORM B²]

25 *and* 26 *Vict. Cap.* 54, *Sect.* 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

GENERAL BOARD OF LUNACY 31 DEC 84 SCOTLAND

I, the undersigned James Stenhouse being desirous to transfer Thomas Vortens Stenhouse at present a Patient in Montrose Royal Private Asylum, and (¹) detained at my Dumfries Asylum from the said Asylum to the hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Thomas Vortens Stenhouse and a Medical Certificate with respect to his mental and bodily condition.

(¹) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

James Stenhouse

(²) Father

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Musselburgh this 30th day of December One thousand eight hundred and eighty four.

STATEMENT.

1. Christian Name and Surname of Patient at length,	Thomas Vortens Stenhouse
2. Sex and Age,	Male 44 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	Country Presbyterian
6. Date of Admission into Asylum,	—
7. Length of time Insane,	13 years
8. Whether first Attack,	~~31 years~~ yes
9. Age (if known) on first Attack,	31 years
10. Duration of existing Attack,	—
11. Supposed Cause,	Softening of the brain or fall from a Horse
12. Whether subject to Epilepsy,	No.
13. Whether Suicidal,	No.
14. Whether Dangerous to others,	No.
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	James Stenhouse South Gyle Corstorphine Father of Patient

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) James Stenhouse

DATED this 30th day of December One thousand eight hundred and eighty four.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

Admitted 3 January 1885

MEDICAL CERTIFICATE.

I, the undersigned Alexander Macdonald Sanderson

(1) State Medical Qualification.
(2) Name Asylum.

being (1) a Fellow of the Royal College of Surgeons hereby certify that I have this day at (2) Melville House Asylum personally examined Thomas Porteous Stenhouse at present a Patient in said Asylum, and with respect to his Mental State that he labours under Dementia —

No 4686.
Thomas Porteous Stenhouse
Admitted 3 January 1885

; and with respect to his Bodily Health and Condition that they are good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of The Royal Asylum

A. Mc. Sanderson F.R.C.S.

DATED this 29th day of December One thousand eight hundred and eighty four years —

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

Application having been made to the Board by (1) James Stenhouse to authorize the transfer of Thomas Porteous Stenhouse from Melville House Private Asylum Crichton Royal Institution, Dumfries and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Thomas Porteous Stenhouse as requested.

(2) Valid for fourteen days from date.

John Sibbald Commissioner

DATED at Edinburgh, this 31st day of December, one thousand eight hundred and 84

Date of Sheriff's Order
14th January, 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward. (*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff ~~of the (*) County~~ of Dumfries & Galloway *and his Substitutes,—*

The Petition of Robert Wright, Quarrymaster Lochabriggs.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Anderson, Quarrymaster Lochabriggs your Petitioner's (*) father-in-law is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Anderson to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Respectfully &c. Robert Wright

(*) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this eighth (*) day of January 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,	Thomas Anderson.
2. Sex and Age,	66
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Quarrymaster
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Lochabriggs
7. Place where Found and Examined,	Lochabriggs
8. Length of time Insane,	Four days
9. Whether First Attack,	No
10. Age (if known) on First Attack,	Not known
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries.
12. Duration of Existing Attack,	Four days
13. Supposed Cause,	General Debility
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Georgina Anderson Wife Lochabriggs Jane Anderson or Wright Daughter
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this eighth day of January One thousand eight hundred and sixty five

(*To be signed by Party applying*) Robert Wright

P. p.

Thomas Anderson

Admitted: 8 January 1885

25 & 26 Vict., Cap. 54, Sect. 15.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Renfrew and Bute at Paisley *and his Substitutes.*

(3) Insert Name and Designation.

The Petition of (3) William Watson Stewart, Merchant, Glasgow residing in Cathcart House, Cathcart, Renfrewshire humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that William Watson Stewart Junior your Petitioner's (4) Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Watson Stewart Junior to the Crichton Royal Institution for the Insané at Dumfries, and to sanction his admission into the said Asylum.

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

Wm Watson Stewart

DATED this Fifteenth (5) day of January One thousand eight hundred and eighty 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,	William Watson Stewart Junior.
2. Sex and age,	Male - 22
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Somehow - Mercantile Clerk. Latterly of no occupation.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous place of abode,	Cathcart House, Cathcart
7. Place where found and examined,	Cathcart House, Cathcart
8. Length of time Insane,	About a year & a half
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	About 20
11. When and where previously under Examination and treatment,	About six months ago at Cathcart Asylum
12. Duration of Existing Attack,	Supposed to be about a year & half.
13. Supposed Cause,	Cannot tell.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No attempt; but he has made threats, slightly
16. Whether Dangerous to others,	—
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	No Petitioner is his nearest relative.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	No member of his family has been insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	The duration of the attack is not quite certain as he has never been strong minded & the insanity has come on gradually

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fifteenth day of January One thousand eight hundred and eighty five

(To be signed by the Party applying) Wm Watson Stewart

Admitted 16 January 1885

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Glasgow
2. Character of Education,	Good
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Disposition varies with a tendency to reserve.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Unsettled, but not intemperate
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No.
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	None - except that his maternal grandmother died from a paralytic stroke - aged 76
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	Mother died from Liver complaint. Others alive. Relatives have been universally healthy and long lived.
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Cannot say
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	He was never considered strong minded. About 1½ years ago he disappeared & stayed out in the open air for two nights.
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	None known.
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	He has got more morose & his laughter more violent.
13. What changes have taken place in his bodily symptoms?	None apparent
14. Is he dirty, destructive, untidy, or obscene?	Inclined to [redacted] be untidy
15. Has he threatened or attempted violence to himself? If so, in what way?	He has several times threatened violence to himself but made no attempt
16. Has he threatened or attempted violence to others? If so, in what way?	He struck a maid servant several times causing swelling.
17. How long has he been insane?	About 1½ years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned,

being (1)

hereby certify, on soul and conscience, that I have this day, at (2)

in the County of , seen and personally examined

, and that the said

person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

.....

DATED this day of One thousand eight hundred and

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Ebenezer Duncan being a (1) Doctor of Medicine 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) Cathcart House Cathcart in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) William Watson Stewart, Junior and that the said William Watson Stewart Jr. is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6)

(6) *State the Facts.*

He is very confused in his conversation. Says that he has for some days past felt like some other person. Has a confused feeling in his head. Says that he has been reading accounts of persons who have cut their throats and that sometimes the idea occurs to him that he ought to do so

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

His father informs me that he is violent and often strikes the servants & other members of the family. He will not occupy himself with any useful work. Has wandered out in the fields at night and is not mentally capable of any work involving calculation of even a very simple kind

Name and Medical Designation, Ebenezer Duncan M.D.

Place of Abode, Crosshill

DATED this twelfth day of January One thousand eight hundred and eighty Five

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MEDICAL CERTIFICATE.—No. II.

I, the undersigned, J. Wallace Anderson being a (1) Doctor of Medicine of Glasgow University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Cathcart House, Cathcart in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) William Watson Stewart Jr. and that the said Wm. Watson Stewart Jr. is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) He imagines himself to be some other individual: marked incoherence of thought:

(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.*

Violent outbreaks of temper & injuring others without provocation. Has more than once wandered away during the night, found lying in the fields, could give no explanation of so doing. Improper language in the most improper & unexpected circumstances

Name and Medical Designation, J. Wallace Anderson M.D.

Place of Abode, 4 Burnbank Terrace Glasgow

DATED this Fourteenth day of January One thousand eight hundred and eighty five.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I Hugh Cowan Advocate (1) Sheriff Substitute of ~~the~~ (2) Renfrew and Bute having had produced to me, with a Petition at the instance of (3) William Watson Stewart, Merchant, Glasgow and residing at Cathcart House Cathcart, Renfrewshire Certificates under the hands of Ebenezer Duncan M.D. Crosshill and I Wallace Anderson M.D. Glasgow, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Watson Stewart Junior — and that the said William Watson Stewart 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 William Watson Stewart Junior as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize his — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Watson Stewart Junior which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Fifteenth day of January One thousand eight hundred and eighty five

Hugh Cowan

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, William Watson Stewart Junior

Date of Admission, 16 January 1885.

8052

[FORM B²]

GENERAL BOARD OF LUNACY SCOTLAND 16 JAN 85

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned James Kally Inspector of Poor Parish of Mch Stranraer being desirous to transfer David Weir at present a Patient in Lunatic Wards of Wigtownshire Poor House, a pauper Lunatic of the Parish of which I am Inspector of Poor from the said Poor House Asylum to the Southern Counties Asylum Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said David Weir and a Medical Certificate with respect to his mental and bodily condition.

(1) If Lunatic is not a Pauper: detained at my instance, or whose nearest known relative I am. If Lunatic is a Pauper: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

James Kally
(2) Inspector of Poor

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Stranraer this 15th day of January One thousand eight hundred and eighty five

STATEMENT.

1. Christian Name and Surname of Patient at length,	David Weir
2. Sex and Age,	Male - 38
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Formerly in Asylum
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	Nov 1863
7. Length of time Insane,	since Nov 1863
8. Whether first Attack,	Yes
9. Age (if known) on first Attack,	17
10. Duration of existing Attack,	21 years
11. Supposed Cause,	Not known
12. Whether subject to Epilepsy,	— No
13. Whether Suicidal,	— No
14. Whether Dangerous to others,	No - of Dirty habits
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Mch
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Father James Weir Labourer Mchparks Stranraer

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) James Kally

DATED this 15th day of January One thousand eight hundred and eighty five

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned David Easton - being (1) Doctor of medicine & Licentiate of R C of Surg hereby certify that I have this day at (2) Mg Townshire Poor House personally examined David Weir at present a Patient in said Asylum, and with respect to his Mental State that That he is weak minded, Generally quiet but often [illegible] the nights screams out in a very wild & exit[illegible]

; and with respect to his Bodily Health and Condition that That his general health is [illegible] but he is very dirty in his habits -

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Southern Cou[illegible] Dumfries

David Easton M D. [illegible]

DATED this 15 day of Jany One thousand eight hundred and Eighty five.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) the Inspector of Poor of the parish of Inch to authorize the transfer of David Weir from Wigton Combination Poorhouse to ~~Dumfries Roy~~ Southern Counties Asylum, Dumfries, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said David Weir as requested.

[illegible] Commissioner.

DATED at Edinburgh, this 16th day of January, One thousand eight hundred and 85.

No 4689.
David Weir.
Admitted 17 January 1885.

Date of Sheriff's Order:
24th Novr, 1862.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the (1)~~ Dumfries *and of* Galloway *and his Substitutes,—*

The Petition of William Kirkland Insp.r of Poor Kirkconnell humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Renfrew your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Renfrew to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Luna.

William Kirkland

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this ~~nineteenth~~ 20th (4) day of January One thousand eight hundred and eighty five years

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1	Christian Name and Surname of Patient at length,	John Renfrew
2	Sex and Age,	Male, 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,	Protestant
6	Previous Place of Abode,	Under the Brae, Lochrutton, Stewartry of Kirkcudbright
7	Place where Found and Examined,	Maybole
8	Length of time Insane,	Unknown
9	Whether First Attack,	First Attack
10	Age (if known) on First Attack,	17 years
11	When and where previously under Examination and Treatment,	No previous treatment
12	Duration of Existing Attack,	Unknown
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,	Kirkconnell
18	Date of becoming Chargeable,	17th January 1885
19	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Father, John Renfrew, mother Mary McBlain both in Southern Counties Asylum. His sister Jane, Outmaine, Farbolon
20	Special circumstances (if any) preventing the insertion of any of the above particulars,	Came to Maybole insane; not known how long he has been so

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 20th day of January One thousand eight hundred and eighty five

(*To be signed by Party applying*) Wm Kirkland

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Robert Girvan,
being a (1) L. 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) Weaver Cor
Maybole in the County of
Ayr separately from any other Medical Practitioner
visited and personally examined (4) John Renfrew, Weaver Cor
a pauper and
the said John Renfrew 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)
Will not answer questions, restless and unst
said he was the Lord.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mr Anderson said to me that he said
he (Mr. Anderson, was the Devil and was
to offer Violence

Name and Medical Designation, Robert Girvan

Place of Abode Maybole

DATED this 19th day of January One thousand eight
hundred and 85

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Hunter Dryden
being a (1) Licentiate of the College of Physicians
and Surgeons, Edinr.
and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the South
Counties Asylum in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) John Renfrew, a pauper
and
the said John Renfrew is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, 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 family
expression indicates insanity — He does
not answer questions rationally, and
no recollection of his past life —

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, J Hunter Dryden

Place of Abode 39 Castle Street Dy

DATED this twenty first day of January One thousand eight
hundred and eighty five years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Robt Girson
being (1) A L.R.C.S.Ed
hereby certify, on soul and conscience, that I have this day, at (2) Weaver Vennel, Maybole
in the County of Ayr, seen and personally examined
John Renfrew, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Robt Girson

DATED this 19 day of January One thousand eight hundred and 85.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Morris Shortt Hamilton (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Kirkland Inspector of Poor, Kirkcudbright,
Certificates under the hands of Robert Girson
and James Hunter Dryden, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Renfrew, Farm Servant, Maybole, Ayrshire a pauper and that the said John Renfrew 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 John Renfrew as a Patient into the (6) Public Asylum of Southern Counties and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Renfrew which accompanied the said Petition.

DATED this Twenty first day of January One thousand eight hundred and eighty five years.

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

W H Hamilton

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 1690.

John Renfrew

Kirkconnell

Admitted 20 January 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2)~~ Shire of Dumfries & Galloway, *and his Substitutes,*—

The Petition of Adam Semple Inspector of Poor Glencairn humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Miss Mary Morrene, Clerk Street — Monaine your Petitioner's (3) Friend is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Miss Mary Morrene, to the Royal Crichton Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Adam Semple

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twentieth (4) day of January One thousand eight hundred and Eighty five years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1 Christian Name and Surname of Patient at length,	Mary Morrene
2 Sex and Age,	Female 48 years
3 Married, Single, or Widowed,	Single
4 Condition of Life, and previous Occupation (if any),	no occupation
5 Religious Persuasion, so far as known,	Protestant
6 Previous Place of Abode,	Monaine
7 Place where Found and Examined,	Monaine
8 Length of time Insane,	One week
9 Whether First Attack,	yes
10 Age (if known) on First Attack,	48 years
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,	no
16 Whether Dangerous to others,	no
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18 Date of becoming Chargeable,	—
19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Brownridge (Cousin) Monaine no member known to be insane
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	none.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twentieth day of January One thousand eight hundred and Eighty five years

(*To be signed by Party applying*) Adam Semple

P. p.

Miss Mary Morrine

Admitted 20 January 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~and (1) Steward~~ of Dumfries & Galloway *and his Substitutes,—*

The Petition of John Hamilton Inspector of Poor Forthorwald humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Thomson, Collin, pauper ——— your Petitioner's (2) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Thomson ——— to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Hamilton Inspector of Poor Forthorwald

(3) The date of the Petition must be within fifteen clear days following the dates of the Medical Certificates.

DATED this twenty first (3) day of January — One thousand eight hundred and eighty 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,	John Thomson
2.	Sex and Age,	64 years, male —
3.	Married, Single, or Widowed,	married
4.	Condition of Life, and previous Occupation (if any),	joiner —
5.	Religious Persuasion, so far as known,	Protestant
6.	Previous Place of Abode,	Collin village
7.	Place where Found and Examined,	Collin village
8.	Length of time Insane,	one week
9.	Whether first Attack,	second attack
10.	Age (if known) on first Attack,	64 years —
11.	When and where previously under Examination and Treatment,	Southern Counties Asylum January/82
12.	Duration of existing Attack,	one week
13.	Supposed Cause,	Bodily infirmity — (Hernia) &c
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,	Forthorwald Parish
18.	Date of becoming Chargeable,	21st January 1885
19.	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Elizabeth Thomson — his wife Collin Village —
20.	Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty first day of January — One thousand eight hundred and eighty five

(*To be signed by Party applying*) John Hamilton
Inspector of Poor
Forthorwald

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Hunter Dryden
being a (1) Licentiate of the Royal Colleges of
Physicians Surgeons Edinburgh
and being in actual practice as a (2) general medicine practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Collin Brae
in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) John Thomson, joiner
a pauper and
the said John 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) He is dull
dependent, and is in great dread of some
danger. He imagines some person annoys him
in bed & thinks that his friends and relations
wish to do him bodily harm.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His wife informs that he has threatened her
with a knife. That he meditates suicide.
He has had previous residence in an asylum.

Name and Medical Designation, J Hunter Dryden LRCP
Place of Abode, 39 Castle Street Dfs
DATED this twenty first day of January One thousand
hundred and eighty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Smith Kerr
being a (1) Graduate of Glasgow University M.B. C.M.
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 20 Castle
Dumfries
Dumfries. separately from any other Medical Practitioner
visited and personally examined (4) John Thomson, a pauper
the said John 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) He has a
absent depression. Is quite melancholy
says he cannot sleep and has delusions
about people doing him harm

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
I certified him insane some time
as being dangerous to himself and

Name and Medical Designation, W.S. Kerr M.B. C.M.
Place of Abode, Dumfries
DATED this 21st day of January One thousand
hundred and Eighty five years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Hunter Dryden being (1) Lecturer of the College of Physicians Edinr hereby certify, on soul and conscience, that I have this day, at (2) Collin Village in the County of Dumfries, seen and personally examined John Thomson, a pauper, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J Hunter Dryden M.R.C.P.Ed

DATED this twenty first day of January One thousand eight hundred and eighty three.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Jamieson Shortt, (3) Honorary Sheriff-Substitute of the (4) County of Dumfries having had produced to me, with a Petition at the instance of (5) John Hamilton, Inspector of poor of the Parish of Torthorwald, Certificates under the hands of James Hunter Dryden — and William Smith Kerr —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) John Thomson, Esquier, Collin Village (a Pauper) and that the said John Thomson, — is a (7) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Thomson, — as a Patient into the (8) Public — Asylum of Southern Counties, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Thomson, — which accompanied the said Petition.

DATED this Twenty fourth day of January, One thousand eight hundred and eighty three.

W H Shortt

To the Superintendent of the (9) Public
Asylum of Southern Counties,
Dumfries.

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so
(7) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(8) Public, District, Parochial, or Private.
(9) Public, District, Parochial, or Private.

John Thomson.
Forthorwald
Admitted 21 January 1885

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway,

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) Thomas Usborne, of Bradfield Reading

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Elizabeth Margaret Usborne

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) Stepmother

is at present in a state of Mental Derangement, and 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 Margaret Usborne to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Thomas Usborne

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 23rd (5) day of Jany. One thousand eight hundred and Eighty 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,	Elizabeth Margaret Usborne.
2. Sex and age,	widow. 62.
3. Married, Single, or Widowed,	- do -
4. Condition of Life and previous Occupation (if any),	Gentlewoman
5. Religious Persuasion, so far as known,	Church of England.
6. Previous place of abode,	Arp.
7. Place where found and examined,	- do -
8. Length of time Insane,	Two months.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	See No. 2.
11. When and where previously under Examination and treatment,	
12. Duration of Existing Attack,	2 Mos.
13. Supposed Cause,	Nursing.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thomas Usborne Step-Son Bradfield Reading.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 23 day of Jany. One thousand eight hundred and Eighty five.

(To be signed by the Party applying). Thos. Usborne

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - - -
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? - -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane? - - -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, William John Hamilton
being (1) a doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (2) Lunnyside, Ayr
in the County of Ayr, seen and personally examined
Mr Elizabeth Margaret Osborne, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Wm J Hamilton M.D.

DATED this twenty third day of January One thousand eight hundred and Eight five years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, William John Naismith
being a (1) Doctor of Medicine

and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day at (3) Sunnyside Villa, Ayr, in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Margaret Usborne and that the said Elizabeth Margaret Usborne is a (5) person of unsound mind 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)
Constant and fixed Melancholy - Imagines herself a pauper, unable to pay her debts or relieve the poor. Thinks she is covered with diseased spots, is a hardened sinner and without hope of forgiveness.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Wm J Naismith M.D. Edin.

Place of Abode, 13 Alloway Place Ayr

DATED this Twenty third day of January One thousand eight hundred and Eighty five years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Robert Dobbie
being a (1) M D of Edinr. and L R C S E

and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Sunnyside Villa, Ayr in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Margaret Usborne, Gentlewoman and that the said Eliz: Marg: Usborne is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6)
Great mental depression. Delusions as to being very poor, also as to having spots on her skin the result

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Robert Dobbie M D L R C S E

Place of Abode, Ayr

DATED this 23rd day of January One thousand eight hundred and eighty five years

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, William Jung. Harris Smith Honorary Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Thomas Usborne of Bradfield Reading Certificates under the hands of William John Naismith and Robert Dobbie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Margaret Usborne Sunnyside Villa, Ayr (Rates Hot [illegible]) and that the said Elizabeth Margaret Usborne is a (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 Margaret Usborne as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Margaret which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twenty fourth day of January, One thousand eight hundred and eighty five.

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

W. H. Smith

No. 01 of 95.

Name, Mrs Elizabeth Margaret Usborne

Date of Admission, 23 January 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — ~~of the (2) Shire~~ of Dumfries Galloway and his Substitutes,—

The Petition of Mrs Maggie McEwan or Urie, ~~Married Woman~~ ~~Widow~~ Spouse, residing at 137 Castle Street Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John K. Urie

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Husband

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John K. Urie to the Crichton asylum and to sanction his admission into the said Asylum.

Maggie K. Urie

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 24th day of (4) January One thousand eight hundred and eighty 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,	John Kennedy Urie
2.	Sex and Age,	M 41
3.	Married, Single, or Widowed,	Married
4.	Condition of Life, and previous Occupation (if any),	Upholsterer.
5.	Religious Persuasion, so far as known,	Protestant
6.	Previous Place of Abode,	Thornhill.
7.	Place where Found and Examined,	Thornhill
8.	Length of time Insane,	3 weeks.
9.	Whether First Attack,	1st attack
10.	Age (if known) on First Attack,	41
11.	When and where previously under Examination and Treatment,	—
12.	Duration of Existing Attack,	3 weeks
13.	Supposed Cause,	Religious melancholy
14.	Whether subject to Epilepsy,	No.
15.	Whether Suicidal,	Yes.
16.	Whether Dangerous to others,	Yes, esp he will do something to children
17.	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Private patient
18.	Date of becoming Chargeable,	June 14th 1883
19.	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Jane Thurston sister 15 Dean St Newcastle-on-Tyne
20.	Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty first day of January One thousand eight hundred and eighty five

(*To be signed by Party applying*) Maggie McEwan or Urie

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Davidson being a (1) Bachelor of Medicine & Master of Surg and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 137 North Drumlanrig Street Thornhill in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) John K. Urie Upholster 137 N. Drumlanrig Street Thornhill and the said John K Urie is a (5) person of unsound mind and a proper Person to be detai under Care and Treatment, and that I have formed this opinion upon the follow grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

"At times can speak & act rationally, then for days constantly I am lost, my Saviour has cast me off & starting up says the devil he Refuses food, & frequently talks incoherently Has a strong suicidal cidal tendency

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

By his wife & sister } Repeats as above all days. Wants them to bury him o him up somewhere. Tries to get out at night alone to himself. Hates his wife & children & feels inclined to de the latter

Name and Medical Designation, Thomas Davidson

Place of Abode, Thornhill

DATED this twenty fourth day of January One thousand eig hundred and eighty five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Anstruther Davidson being a (1) Bachelor of Medicine and Master of and being in actual practice as a (2) physician & surgeon hereby certify, on soul and conscience, that I have this day, at (3) 137 North Drumlanrig Street Thornhill in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) John K. Urie Upholster 137 N. Drumlanrig Street Thornhill and the said John K Urie 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 followi grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is excited talks incoherently & often without any reference the question asked He has lost all memory of prices of goods and is unable to do any mental He expresses at times a wish to be out of the wo

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

His wife informs me that last night he w with difficulty restrained from running out to himself in the Nith He has repeatedly spoke so doing and expresses a fear of his injuring his

Name and Medical Designation, Anstruther Davidson

Place of Abode Sanquhar

DATED this twenty fourth day of January One thousand eig hundred and eighty five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Rutherford
being (1) a Fellow of the Royal College of Physicians
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries
in the County of Dumfries, seen and personally examined
John K Orrie - 1 Months, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Rutherford M.D.

DATED this 24th day of January One thousand eight hundred and Eighty-five years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Dennistoun Hunter Honorary Sheriff-Substitute
of the (3) County of Dumfries
having had produced to me, with a Petition at the instance of (4) Mrs Maggie
McLellan or Orrie 137 North Dumbarney Street Hamilton,
Certificates under the hands of Thomas Dawson
and Andrew Dawson, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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 Kennedy Orrie Upholsterer Hamilton (~~and that they each found that said~~) John Kennedy Orrie 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 Kennedy Orrie as a Patient into the (7) Public Asylum of Crichton Royal Institution, and I authorize ~~his~~ Transmission to the said Asylum accordingly; and I transmit herewith the said Medical Certificates, and a Statement regarding the said John Kennedy Orrie, which accompanied the said Petition.

DATED this Twenty-sixth day of January, One thousand eight hundred and eighty five.

W. H. Hunter

To the Superintendent of the (8) Public
Asylum of Crichton Royal Institution
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 4694.

John Kennedy Writ.

Admitted 24 January 1833

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Fife
and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) Thos. Henderson 20 St Clair Street Kirkcaldy

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Isabella Henderson 20 St Clair Street Kirkcaldy your Petitioner's (4) Daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isabella Henderson to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

Dated this 23rd (5) day of January One thousand eight hundred and Eighty five (1885)

X Thos. Henderson
Sign here

STATEMENT.

If any 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 Henderson
2. Sex and age,	Female 23.
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	School teacher.
5. Religious Persuasion, so far as known,	Protestant. (Presbyterian)
6. Previous place of abode,	Sunnyside Kirkcaldy Fife
7. Place where found and examined,	20 St Clair Street Kirkcaldy Fife
8. Length of time Insane,	More or less for 12 months
9. Whether First Attack,	First
10. Age (if known) on First Attack,	
11. When and where previously under Examination and treatment,	
12. Duration of Existing Attack,	More or less twelve months
13. Supposed Cause,	Over Study
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	no
16. Whether Dangerous to others,	Over excited & strike her father
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	Thomas Henderson 20 St Clair Street Father
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this twenty second day of January, One thousand eight hundred and five.

(To be signed by the Party applying) X Thomas Henderson
and here

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	St Lucia St. Kitts
2. Character of Education,	Good
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady & industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	no
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	none Father rather intemperate
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	One died in infancy & one still-born (twin with patient
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	no
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	Supposed to be over anxiety about her studies
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	She was very silent
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	Pain in head since Rem
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Talks very much & laugh immoderately without cause
13. What changes have taken place in bodily symptoms?	Very little
14. Is she dirty, destructive, untidy, or obscene?	no
15. Has she threatened or attempted violence to himself? If so, in what way?	no
16. Has she threatened or attempted violence to others? If so, in what way?	Once to Father
17. How long has he been insane?	More or less for 12 months

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

.....

Dated this day of One thousand eight hundred and

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Jas. Lindsay H.H. Porteous being a (1) Doctor of Medicine St. And. & Fellow of the Royal College of Surgeons Edinb. and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day at (3) Twenty 4 Clair Street - Kirkcaldy in the County of Fife separately from any other Medical Practitioner, visited and personally examined (4) Isabella Henderson, 20 St Clair Street. Kirkcaldy and that the said Isabella Henderson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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)
Very Excitable. Laughs immoderately when spoken to. Can give no satisfactory answer to almost any question asked - Says she can live perfectly well without sleep ~~and~~

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her Father, Thomas Henderson, tredyme the Screams and makes a noise at night and says people are annoying her. Also that she threatened to strike him today. Is one minute in a great rage, the next laughing without apparent cause - that the neighbours complain that they can get no rest at night for her making so much noise

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Jas. Lindsay H.H. Porteous M.D. F.R.C.S.Ed.

Place of Abode, Pathhead House Kirkcaldy Fife

DATED this Twenty first day of January One thousand eight hundred and Eighty five

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MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Welsh being a (1) Doctor of Medicine, St. Andrews and a Fellow of the Royal College of Surgeons. Edinburgh and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 20 St Clair Street, Kirkcaldy in the County of Fife separately from any other Medical Practitioner, visited and personally examined (4) Isabella Henderson, 20 St Clair Street. Kirkcaldy and that the said Isabella Henderson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) Is restless and nervous - Complains of pain on the top of the head and hears voices, speaking to her although no one is present. Asserts that she does not require any sleep.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her mother states that she is sleepless and easily frightened. That she imagines that she sees people in the dam at night and screams out - that she is also restless -

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Jas Welsh M.D. F.R.C.S.

Place of Abode, Binghorn

DATED this 22nd day of January One thousand eight hundred and Eighty five

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, Thomas Dow Esquire (1) Sheriff Substitute of the (2) County of Fife having had produced to me, with a Petition at the instance of (3) Thomas Henderson 20 St Clair Street, Kirkcaldy Certificates under the hands of J. L. H. H. Patterson, M.D., Tathpeal and James Welsh, M.D. Kinghorn, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Henderson 20 St Clair Street Kirkcaldy and that the said Isabella Henderson is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Isabella Henderson as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Henderson which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this twenty third day of January One thousand eight hundred and eighty five

Tho Dow

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 11075.

Name, Miss Isabella Henderson

Date of Admission, 26 January 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Dumfries and ~~of~~ Galloway and his Substitutes,—

The Petition of James Austin, Inspector of Poor Closeburn, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Irving your Petitioner's (3) ~~Wife~~ Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Irving to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

James Austin Inspector of poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this ~~Twenty sixth~~ day of January,— One thousand eight hundred and eighty 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,	Agnes Irving
2.	Sex and Age,	Female 53 years
3.	Married, Single, or Widowed,	Single
4.	Condition of Life, and previous Occupation (if any),	General Service
5.	Religious Persuasion, so far as known,	Protestant
6.	Previous Place of Abode,	Cample parish of Closeburn
7.	Place where Found and Examined,	Do Do Do
8.	Length of time Insane,	Came out of Asylum 10th June 1882
9.	Whether First Attack,	
10.	Age (if known) on First Attack,	
11.	When and where previously under Examination and Treatment,	Cample Southern Counties
12.	Duration of Existing Attack,	Not yet determined
13.	Supposed Cause,	Gastrointestinal System
14.	Whether subject to Epilepsy,	No
15.	Whether Suicidal,	No
16.	Whether Dangerous to others,	No such threatens
17.	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Closeburn
18.	Date of becoming Chargeable,	23rd January 1885
19.	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Sharp Sister Cample slacks Closeburn She has a Nephew Geo Irving in Counties Asylum at present
20.	Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this ~~Twenty sixth~~ day of January,— One thousand eight hundred and eighty five

(*To be signed by Party applying*) James Austin Inspector of poor for the parish of Closeburn

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Thomas Davidson
being a (1) Bachelor of Medicine & Master of Surgery
Glasgow University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Low Cam
Closeburn
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Agnes Irving
and
the said Agnes Irving is a (5) person
of unsound mind
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Talks incoherently & on all things, but cannot answer
any question put to her. Recognises friends, but seems
no consciousness beyond that

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her attendant is sometimes threatened by her & some
attendant
throws water on her. Walks about all day & talking nonsense
all the time. Also walks about at night

Name and Medical Designation, Thomas Davidson M.B.

Place of Abode, Thornhill.

DATED this 26th day of January One thousand eight
hundred and eighty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind

I, the undersigned, Anstruther Davidson
being a (1) Bachelor of Medicine & Master of Surgery
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Low Cam
Closeburn.
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Agnes Irving
and
the said Agnes Irving is a (5) person of unsound
mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is very
excitable talks continuously & at no time sensibly

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
She walks about ~~entirely~~ in an excited
state all day & most nights She cannot be
controlled or advised & once on a frenzy turned her
attendant out of doors

Name and Medical Designation, Anstruther Davidson

Place of Abode Sanquhar

DATED this twenty 24th day of January One thousand eight
hundred and eighty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Harris Shortt Honorary Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Austin, Inspector of Poor, Closeburn Certificates under the hands of Thomas Davidson and Anstruther Davidson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Irving, Lower Campbell, Closeburn (a Pauper) and that the said Agnes Irving, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Irving as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Irving which accompanied the said Petition.

DATED this Twenty sixth day of January, One thousand eight hundred and eighty five.

To the Superintendent of the (1) 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, Parochial, or Private.
(7) Public, District, Parochial, or Private.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned George Duncan Logan being (1) Bachelor of Medicine & Master of Surgery hereby certify that I have this day at (2) Murray Royal Asylum personally examined Helen Moir Love at present a Patient in said Asylum, and with respect to ~~his~~ her Mental State that She is in a state of Melancholia

; and with respect to ~~his~~ her Bodily Health and Condition that they are fair.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Crichton Royal Institution. Dumfries

G. Duncan Logan Mi

DATED this 31st day of January One thousand eight hundred and 85

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) William Love to authorize the transfer of Helen Moir Cumming or Love from Perth Royal Asylum to ~~Dumfries Royal~~ Crichton Royal Institution, Dumfries, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Helen Moir Cumming or Love as requested.

John Sibbald *Commissioner.*

DATED at Edinburgh, this 2nd day of February, One thousand eight hundred and ~~[illegible]~~ 85.

Date of Sheriff's Order:
4th Nov, 1884

Admitted 5 February 1885

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form **A**]

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)~~ Dumfries & Galloway ~~of~~ *and his Substitutes,*—

The Petition of David McCulloch. Gamekeeper. Kirkmalloch, Wigtonshire, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Kennedy or McCulloch, 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 Jane Kennedy or McCulloch to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(Signed) David McCulloch

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 9th (3) day of February — One thousand eight hundred and Eighty five years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jane Kennedy or McCulloch.
2. Sex and Age,	Female 34 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kirkcowan. Wigtonshire
7. Place where Found and Examined,	Borland Lodge. Kirkcowan
8. Length of time Insane,	One week
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	34 years
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	One week
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	William Kennedy Drumore Kirkmaiden Father No.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(Signed)* *Name,* David McCulloch

Dated this Ninth day of February One thousand eight hundred and Eighty five

* 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, ———————————
being a (1) Physician & Surgeon (MB, CM) ———
and being in actual practice as a (2) Physician & Surgeon ———
hereby certify, on soul and conscience, that I have this day, at (3) Inchmallock
Kirkcowan ——— in the County of
Wigtown — separately from any other Medical Practitioner,
visited and personally examined (4) Jane McCulloch ———
——————————————— and that
the said Jane McCulloch — is a (5) person
of unsound mind — and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Attempts to injure herself, by burning her
in the fire & pulling clothes about, She has had
Conversations with Christ & other Symptoms of delusions

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(SIGNED) *Name and Medical Designation,* J. G. Dunlop L.R.C.P.
Place of Abode, Kirkcowan.

DATED this 9th day of February One thousand eight
hundred and eighty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, ———————————
being a (1) Bachelor of Medicine and Master of Surgery
of the University of Glasgow ———
and being in actual practice as a (2) Physician and Surgeon in Stra
hereby certify, on soul and conscience, that I ~~have this day~~, at (3) Inchmallock
Kirkcowan Yesterday in the County of
Wigtown ——— separately from any other Medical Practitioner,
visited and personally examined (4) Jane McCulloch, Inchmallock
Kirkcowan ——————————— and that
the said Jane McCulloch — is a (5) person of
unsound mind — and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Mrs statements that "the Saviour" is present in her room
that "the Bible" was out at the washing" & other delusive
symptoms of religious monomania. She was positive that
saw me Last the day before my Holidays and threatened me
violence when I returned

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

She has inserted her hand into a blazing
fire, and has had many illusions & hallucinations
of the organ of hearing, especially during her illness
Her Husband.

(SIGNED) *Name and Medical Designation,* William R. Forsyth, M.B.
Place of Abode, Aber Cottage, Newton Stewart

DATED this 9th day of February One thousand eight
hundred and 80.

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)
of the said hereby further certify that the Case 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 Boyle Hope, (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) David McCulloch, Gamekeeper, Auchencallioch, Kirkcudbrightshire Certificates under the hands of J. G. Dunlop, and William A. Forsyth, , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Kennedy or McCulloch, Auchencallioch, Glencairn and that the said Jane Kennedy or McCulloch, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Kennedy or McCulloch 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 Jane Kennedy or McCulloch, which accompanied the said Petition.

(SIGNED) David Boyle Hope.

DATED this Ninth day of February, One thousand eight hundred and eighty five.

To the Superintendent of the (7) ~~Crichton~~
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.

Jane Kennedy or McCulloch

Admitted 9th February 1885

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2)

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) Maria Emily Montford, the Daughter,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Margaret Charlotte Montford, Widow of 17 Loch Burn Square, Douglas, Isle of Man

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) Mother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Charlotte Montford to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

Dated this fourth (5) day of February One thousand eight hundred and eighty five.

Maria Emily Montford

STATEMENT.

If any 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 Charlotte Montford.
2. Sex and age,	Female. 43.
3. Married, Single, or Widowed,	Widowed.
4. Condition of Life and previous Occupation (if any),	Widow of a Medical Man.
5. Religious Persuasion, so far as known,	Church of England.
6. Previous place of abode,	17 Loch burn Square. Douglas. Isle of Man
7. Place where found and examined,	" " "
8. Length of time Insane,	Since October 1884.
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,	Anxiety & fatigue in connection with the late Dr Montford's illness.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Maria Emily Montford. Daughter. No.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 7th day of February One thousand eight hundred and eighty five.

(To be signed by the Party applying) Maria Emily Montford.

Admitted 9th February 1885

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Cheltenham. Brought up in Dough...
2. Character of Education,	
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Naturally cheerful, of late melancholy
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady, industrious, temperate.
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No.
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	None.
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	Hysteria (the patient) there has ... Heart disease in the family
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	The loss of her husband.
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No. came on gradually.
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Her idea that food was poisoned ... sounds & suspicious persons in the house
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	loss of appetite, sleeplessness, fal... flesh, costiveness.
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	She has shown violence, is noisy ... take little food. dirty.
13. What changes have taken place in his bodily symptoms?	Improvement in general health since ... stomach pump has been resorted to.
14. Is he dirty, destructive, untidy, or obscene?	Dirty, untidy.
15. Has he threatened or attempted violence to himself? If so, in what way?	No.
16. Has he threatened or attempted violence to others? If so, in what way?	No.
17. How long has he been insane?	About four months.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, James Rutherford
being (1) a Fellow of the Royal College of Physicians
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries
in the County of Dumfries, seen and personally examined
Margaret Charlotte Muntford —, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Rutherford MD

DATED this 9th day of February One thousand eight hundred and eighty five years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE—No. I.

I, the undersigned, Alexander Dan MacDonald being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Charlotte Montford Widow 17 Woodburn Terrace Douglas Isle of Man and that the said Margaret Charlotte Montford is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself; (6) Has been Melancholic says her friends have all been murdered. Must-She Testifies, harassed by the Police and that a Guardian Angel Continually haunts her.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Dr Ruth says she wishes to die that she says all her Family is dead & gone that she cannot eat because she is so much persecuted

(7) *State the Information, and from whom derived.*

Name and Medical Designation, A D MacDonald MD

Place of Abode, 18 Crichton St Dumfries

DATED this 10th day of Feby One thousand eight hundred and eighty two

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MEDICAL CERTIFICATE—No. II.

I, the undersigned, John Cunningham, being a (2) Licentiate of the Royal College of Physicians & Surgeons Edin and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Charlotte Montford Widow, 17 Woodburn Terrace, Douglas, Isle of Man and that the said Margaret Charlotte Montford is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(2) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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) Hesitancy of speech indicates mental disorder, She is Melancholic & fancies that she is paralysed

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She refuses food, (Dr Rutherford gives me this information)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, John Cunningham, MD LRCP 1870.

Place of Abode, 35 Buccleuch St Dumfries

DATED this 10th day of February One thousand eight hundred and Eighty two years

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope, — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Maria Emily Montford of 17 Woodburn Square, Douglas, Isle of Man, Certificates under the hands of Alexander Dall Mac Donald, and John Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Charlotte Montford Widow of 17 Woodburn Square, Douglas, Isle of Man, and that the said Margaret Charlotte Montford, is a (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 Charlotte Montford, — as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Charlotte Montford which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Eleventh — day of February — One thousand eight hundred and eighty five: —

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 11044.

Name, Mrs. Margaret Charlotte Montford

Date of Admission, 9 February 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries and Galloway *and his Substitutes,—*

The Petition of Wills McJames, Inspector of Poor, Dumfries.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Granton or Devine

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Lawful

is at present in a state of Mental Derangement, and 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 Granton or Devine to the Southern Counties Asylum and to sanction the admission into the said Asylum.

Wills McJames

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Tenth (4) day of February One thousand eight hundred and Eighty Five years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Isabella Granton or Devine
2. Sex and Age,	Female - 34
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	— outworker
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	92 St Michael St. Dumfries
7. Place where Found and Examined,	Do Do
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,	—
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,	Dumfries
18. Date of becoming Chargeable,	10th Feby 1885
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Devine, Husband residing at 92 St Michael St. Dumfries Not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Tenth day of February One thousand eight hundred and Eighty-Five years.

(*To be signed by Party applying*) Wills McJames

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Marshall being a (1) Graduate of the 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) 92 St Michael St Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Cranston or Devine (a pauper) and that the said Isabella Cranston or Devine 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 seems not to understand the meaning of any question. Declares she has been in the family way for the last nine months &c &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her neighbour Woman's statement is much the same as above

Name and Medical Designation, W Marshall M D

Place of Abode, 27 Bergebrick St Dumfries

DATED this 10th day of Feby One thousand eight hundred and eighty five years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 92 St Michael Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Cranston or Devine Pauper and that the said Isabella Cranston or Devine is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 vacant insane appearance & rambling incoherent speech. Cannot answer questions.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Harrison a neighbour informs that she is at times very restless. rambling in speech & wandering about having no apparent object

Name and Medical Designation, John Smith M D

Place of Abode 14 Castle St Dumfries

DATED this 10th day of February One thousand eight hundred and 85 years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Miles McInnes, Inspector of Poor Dumfries,
Certificates under the hands of William Marshall
and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Isabella Cranston or Devine 92 St Michael St Dumfries (a Pauper) and that the said Isabella Cranston or Devine 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 Isabella Cranston or Devine 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 Isabella Cranston or Devine which accompanied the said Petition.

DATED this Tenth day of February, One thousand eight hundred and eighty five.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

No. 1706.

Barbara Granston or.
Keowne
Admitted 10 February 1835

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE ~~ROYAL EDINBURGH ASYLUM.~~ Crichton Royal Institution

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of (2) Dumfries & Galloway *and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) John P. B. Forrest, Bank Clerk, Ecclefechan,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Rothes Ann Forrest

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) Sister

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said ~~Crichton Royal Institution~~ Rothes Ann Forrest to the ~~Royal Edinburgh Asylum~~ Crichton Royal Institution for the Insane, and to sanction her admission into the said Asylum.

J. P. B. Forrest.

(5) The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fourteenth (5) day of February — One thousand eight hundred and eighty 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,	Rothes Ann Forrest
2. Sex and Age,	Female, 45
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Dressmaker
5. Religious Persuasion, so far as known,	Member of Established Church
6. Previous Place of Abode,	Elie, Fifeshire
7. Place where Found and Examined,	Edinburgh
8. Length of time Insane,	Not Known
9. Whether First Attack,	Yes. Weeping brain fever at age of 17.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and treatment,	1859. Treated by Family Doctor at Elie Fife
12. Duration of Existing Attack,	gradually for year past
13. Supposed Cause,	Change of life
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,	Elie, Fife
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Primrose Bertram Forrest, Brother None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 8th — day of February One thousand eight hundred and eighty five.

(To be signed by the Party applying). J. P. B. Forrest

ADDITIONAL STATEMENT.

For the Information of the Physician.

1. Birthplace, ... Elie, Fifeshire
2. Character of Education, ... General
3. Is the natural disposition cheerful or melancholy —reserved or frank? . . . . . melancholy, reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? . . . . steady and industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? . . . . .
6. What relatives of the patient have been epileptic, paralytic, intemperate, eccentric, or insane? None
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? . . . . . Natural deaths
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? . . . . . Change of life & affliction
9. Was there any immediate cause of the attack that directly brought it on, *e. g.*, mental shock, childbirth, &c.? . . . . . No
10. What were the first symptoms of mental derangement observed, *e. g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? depression & fancies
11. Were there any bodily symptoms present at first, *e. g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? . . . . . sleeplessness headaches, derangement of female health
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? confirmation of the above
13. What changes have taken place in her bodily symptoms? . . . . . loss of flesh
14. Is She dirty, destructive, untidy, or obscene? . Nil
15. Has She threatened or attempted violence to herself? If so, in what way? . . . . Yes, threatened to poison herself & attempted to cut her throat.
16. Has She threatened or attempted violence to others? If so, in what way? . . . . No
17. How long has She been insane? . . . . more or less for last twelve months

---

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Allan Jamieson being (1) a Doctor of Medicine hereby certify, on soul and conscience, that I have this day, at (2) 12 Woodburn Pl in the County of Edinburgh, seen and personally examined Rothes Anne Forrest, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

W. Allan Jamieson

DATED this 9th day of Feby One thousand eight hundred and Eighty two

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE—No. I.

I, the undersigned, William Alexander Cameron
being a (1) Doctor of Medicine of the Edinburgh 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) 12 Woodburn Terrace Edinburgh in the County of Edinburgh separately from any other Medical Practitioner, visited and personally examined (4) Rothes Anne Forrest and that the said Rothes Anne Forrest is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the Certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) Has the idea that she is King. Found by parents that she is not. Attempted this morning to cut her throat with knife. is duplicitous and is determined to carry out

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has attempted to poison herself once. Has fruitless ability to control her emotions is distressed in mental distress to herself.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, W. Alex Cameron M.D. F.R.C.P.

Place of Abode, 26. Rutland St. Edinburgh

DATED this 5th day of July One thousand eight hundred and Eighty five.

MEDICAL CERTIFICATE—No. II.

I, the undersigned, John Smith
being a (1) Graduate in Medicine of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Rothes Anne Forrest, Dumfries under Restraint and that the said Rothes Anne Forrest, is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the Certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) Insane appearance, Delusions, Tells me that several attempts have been made to poison her. Her speech is rambling & incoherent

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, John Smith M.D.

Place of Abode 14 Castle St. Dumfries

DATED this 11th day of February One thousand eight hundred and eighty five.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries, — having had produced to me, with a Petition at the instance of (3) John P. B. Forrest, Bank Clerk Edinburgh, — Certificates under the hands of William Allan Jamieson, — and John Smith, —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Rothes Ann Forrest Dispmaker Edinburgh and that the said Rothes Ann Forrest, — is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Rothes Ann Forrest — as a Patient into the Royal Edinburgh Asylum for the Insane, and I authorize her — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates and a Statement regarding the said Rothes Ann Forrest — which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Eleventh — day of February — One thousand eight hundred and eighty five. —

David Boyle Hope

To the Medical Superintendent of the Royal Edinburgh Asylum for the Insane.

Name, Rothes Ann Forrest.

Date of Admission, 10 February 1885.

LETTER OF OBLIGATION FOR PAYMENT OF BOARD.

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GENTLEMEN,

As you have agreed to admit into the Royal Edinburgh Asylum for the Insane, as an ordinary patient and boarder, at the rate of per annum, I hereby oblige myself to pay to your Treasurer the said patient's board quarterly, and in advance, at the rate of or such other rate, as may from time to time be determined by you; to provide the requisite supplies of clothes for the patient, or, in the event of such clothes being supplied by you, to pay for the same to your Treasurer; to pay to your Treasurer for all stimulants or extraordinary furnishings supplied to the patient on the order of your Physicians; and to repay your Treasurer for all cash advanced to, or on behalf of, the patient. I also oblige myself to remove the patient when desired; to defray, in case of death, the funeral charges; and to fulfil any other condition incumbent on me as surety for the patient, according to your Regulations.

To the Managers of the Royal Edinburgh Asylum for the Insane.

[FORM B²] 8075

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Neil Nicolson being desirous to transfer Thomas Nicolson my brother at present a Patient in Apple Vale District Asylum Lochwilphead, and (¹) be detained at my instance from the said Asylum to the Crichton Institution Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Thomas Nicolson and a Medical Certificate with respect to his mental and bodily condition.

(¹) If Lunatic is not a Pauper: detained at my instance, or whose nearest known relative I am. If Lunatic is a Pauper: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

× Neil Nicolson

brother

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Auchgoyle this 7th day of February One thousand eight hundred and eighty five

STATEMENT.

1. Christian Name and Surname of Patient at length,	Thomas Nicolson
2. Sex and Age,	Male 31
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	May 9th 1864
7. Length of time Insane,	upwards of nine months
8. Whether first Attack,	No
9. Age (if known) on first Attack,	28
10. Duration of existing Attack,	upwards of nine months
11. Supposed Cause,	unknown
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	No
14. Whether Dangerous to others,	Yes
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Not a pauper
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Mr Neil Nicolson Farmer Auchagoyle. Tighnabruaich. Brother.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) Neil Nicolson ×

DATED this Seventh day of February One thousand eight hundred and eighty five

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned John Cameron
being (1) Doctor of Medicine of the University of Edinburgh
hereby certify that I have this day at (2) Argyll and Bute Asylum
personally examined Thomas Nicolson at present a
Patient in said Asylum, and with respect to his Mental State that he is in a con-
stant dread of some impending evil, that
he frequently attacks those about him under
the impression that they have injured him and
that he acts under ; and with respect to his
Bodily Health and Condition that they are good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries

H Cameron MD

Dated this Fifth day of February One thousand eight hundred and Eighty-five

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

Application having been made to the Board by (1) ~~Thomas~~ Nicolson

to authorize the transfer of ~~Thomas~~ Nicolson
from Argyll District Asylum to Crichton Royal
Institution Dumfries and the Board having considered such application and
the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said
Thomas Nicolson as requested.

(2) Valid for ~~within~~ fourteen days from date

Allan Mitchell Commissioner.

Dated at Edinburgh, this 10 day of February, One thousand eight hundred and 85.

No 4702.
Thomas Nicolson.
Admitted 11th February 1885.

Date of Sheriff's Order
12th May, 1884.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~*of the* (2) Shire~~ *of* Dumfries Sutherland *and his Substitutes,*—

The Petition of A McGeachan Inspector of Poor, Lochmaben, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert McVittie your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert McVittie to the Southern Counties asylum and to sanction His admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

A McGeachan Inspector of Poor Lochmaben

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 21st (4) day of February One thousand eight hundred and Eighty Five

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Robert McVittie
Sex and Age,	male about 20¾ Years
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Tagrant Poaching & Stealing & &
Religious Persuasion, so far as known,	Unknown
Previous Place of Abode,	Lochmaben no residence nor Home — lives in outhouse Hay shed
Place where Found and Examined,	H M Prison Maxwelltown
Length of time Insane,	Unknown
Whether First Attack,	no
Age (if known) on First Attack,	about 19¾ Years
When and where previously under Examination and Treatment,	9 Counties Asylum
Duration of Existing Attack,	—
Supposed Cause,	Unknown
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to others,	Yes
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Tinwald Parish Dumfries
Date of becoming Chargeable,	20th February 1885
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs N Lockerby, Lochmaben Aunt Unknown
Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 21st day of February One thousand eight hundred and 85

(*To be signed by Party applying*) A McGeachan

Inspector of Poor

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Thomas Reid being a (1) Graduate in Medicine of Glasgow University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Maxwelltown Prison in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Robert McVittie, Prisoner, Maxwelltown Prison and that the said Robert McVittie is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 an imbecile silly expression, does not understand his position as a prisoner or appear to have any moral responsibility whatever. Laughs and speaks in a silly, stupid manner

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Reuben Clarke, Warden, Maxwelltown Prison says that he talks very little to anyone but when he does speak it is in a very silly childish way; he does not appear to think his position as a prisoner anything out of the way.

Name and Medical Designation, Thomas Reid M.D.

Place of Abode, Lochmaben

DATED this 20th day of February One thousand eight hundred and eighty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Dall MacDonald being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Maxwelltown Prison in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Robert McVittie Prisoner Maxwelltown Prison and that the said Robert McVittie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) has a very [illegible] & yet vacant expression. Always appears of watching an opportunity to do something himself or others: and is certainly not [illegible] unless under supervision

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Reid and the Inspector of Ross Lochmaben inform me that he becomes violent when under no restraint

Name and Medical Designation, A. D. MacDonald

Place of Abode, 18 Castle St. Dumfries

DATED this 20th day of Feby One thousand eight hundred and eighty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Alexander Dall Macdonald being (1) Physician & Edinburgh Graduate hereby certify, on soul and conscience, that I have this day, at (2) Maxwelltown Prison in the County of Kirkcudbright, seen and personally examined Robert McVittie Pauper, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

A. D. Macdonald MD

DATED this 20th day of July One thousand eight hundred and eighty five

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Herries Shortt (1) Honorary Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Alexander McGeachan, Inspector of Poor Lochmaben, Certificates under the hands of Thomas Reid, and Alexander Dall Macdonald —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert McVittie Pauper Maxwelltown Prison (a pauper) and that the said Robert McVittie, — is a (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 McVittie, 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 Robert McVittie, which accompanied the said Petition.

DATED this Twenty first day of February — One thousand eight hundred and eighty five.

To the Superintendent of the (7)
Asylum of Southern Counties
Dumfries

W. H. Shortt

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

16-4703.

Robert McVittie
Lochmaben
Admitted 21 Febry. 1885

[FORM A[1]]

No. 4704.
Agnes Harvey or Blackley
Admitted 28 February 1885

20 & 21 *Vict., Cap.* 71, *Sect.* 37.

NOTICE OF ADMISSION.

I HEREBY GIVE NOTICE, That (1)

was received into this House as a (2)

Patient on the (3) day of

and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which he was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

Superintendent.

DATED at this (5) day of

One thousand eight hundred and

To the Secretary of the
General Board of Lunacy.

REPORT.

I HAVE this day (6) seen and personally examined

the Patient named in the above Notice,

and hereby report and certify, with respect to mental state, that (3)

and with respect to bodily health and condition, that (3)

(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.

Robert McVettie
Edinburgh

~~(Copies)~~

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) ~~Steward Sheriff~~ (2) ~~Stewartry~~ of ~~Kirkcudbright~~ Dumfries and Galloway and his Substitutes,—

The Petition of James Wkie Inspector of poor Minnigaff Kirkcudbrightshire humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Harvey or Blackley your Petitioner's (3) ~~Inspector of poor~~ Pauper, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said ~~Harvey~~ Agnes Harvey or Blackley to the Southern Counties Asylum and to sanction her admission into the said Asylum. Dumfries.

James Wkie

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 27th (4) day of February — One thousand eight hundred and Eighty 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,	Agnes Harvey or Blackley
2. Sex and Age,	Female age 26 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	married Domestic servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Craignell
7. Place where Found and Examined,	Black laggan
8. Length of time Insane,	Eight days
9. Whether First Attack,	first
10. Age (if known) on First Attack,	twenty six years
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	8 Days
13. Supposed Cause,	weakness
14. Whether subject to Epilepsy,	—
15. Whether Suicidal,	partly
16. Whether Dangerous to others,	partly
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Minnigaff
18. Date of becoming Chargeable,	twenty seventh day of 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 Family known to be or to have been Insane,	Robert Blackley Blacklaggan Minnigaff not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty seventh day of February — One thousand eight hundred and Eighty

(*To be signed by the Party applying*) James Wkie

~~Copies~~

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James Church
being a (1) Licentiate of the Faculty of Physicians and Surgeons, Glasgow
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Black Lagan, Almondcliff, Parkhead Knight.
visited and personally examined (4) Agnes Harvey or Blackley Black Lagan, Almondcliff, Pauper
the said Agnes Harvey or Blackley is a (5) Person of unsound mind
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

1. Facts indicating Insanity observed by myself: (6)
Her character has undergone a very great and sudden change: She is of a very lively & cheerful disposition, but now she is restless and excitable. She has no regard to cleanliness or personal decency. Refuses to take food or medicine. Rarely sleeping for more than

(6) *State the facts.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her Mother & Boy do not state that she is subject to fits of violent excitement; that she screams at the sight of her bonnet; attempts to bite, scratch, kick and tear with a knife or boring tools or anything she can lay her hands on. She is under the delusion that witchcraft is being practised on her person, and that her husband has died from some drug administered by her.

(7) *State the information, and from whom derived.*

Name and Medical Designation, James Church L.R.F.P.S.G.

Place of Abode, 14 Easton Street

DATED this twenty seventh day of February One thousand eight hundred and eighty five years.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, William Andrew Forsyth,
being a (1) Bachelor of Medicine & Master in Surgery 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 Black Bull Inn, Queen St., Easton-Stewart in the County of Haddington
visited and personally examined (4) Agnes Harvey or Blackley
Black Lagan, Almondcliff, Pauper.
the said Agnes Harvey or Blackley is a (5) person of unsound mind
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)
With difficulty I got Agnes Harvey or Blackley to undress herself in an erratic manner. Very emotional Laughing and crying by turns. Exceedingly suspicious. Picking up accidentally a handkerchief she is positive it is her property and that it contained something which has been stolen from her. Will not take medicine.

(6) *State the facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
attempts to injure herself & threatening drowning & going into the fire
attempts to injure others around her including her husband and children
Mrs Husband & Wife Dr.

(7) *State the information, and from whom derived.*

Name and Medical Designation, William Andrew Forsyth, M.B., C.M.,

Place of Abode Easton Stewart

DATED this twenty seventh day of February One thousand eight hundred and eighty five years.

(*Copies.*)

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Clark being (1) Physician of the County of Kirkcudbright, Wigtown, Ayr hereby certify, on soul and conscience, that I have this day, at (2) Blackhaggan in the County of Kirkcudbright, seen and personally examined Agnes Harvey or Blackley, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Clark

DATED this Twenty seventh day of February One thousand eight hundred and eighty five years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

Dft.

I, William Young Charles Stewart Sharpe, ~~James Smyth Gibb~~ (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James McTaggart Inspector of Poor, Kirkcudbright Certificates under the hands of James Clark and William Andrew Proctor, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Harvey or Blackley Blackhaggan Kirkcudbrightshire and that the said Agnes Harvey or Blackley is a (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 Harvey or Blackley 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 Agnes Harvey or Blackley which accompanied the said Petition.

DATED this Twenty eighth day of February One thousand eight hundred and eighty five years. Forty pounds decd.

W. Y. C. Sharpe

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries.

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE ROYAL EDINBURGH ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — ~~[illegible]~~ *of* Dumfries and Galloway *and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) Thomas Bond Sprague, N-29 Buckingham Terrace Edinburgh, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Steains Sprague, your Petitioner's (4) Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Steains Sprague to the Royal ~~[illegible]~~ Asylum Dumfries for the Insane, and to sanction his admission into the Crichton said Asylum.

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

+ [signature]

(5) The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fourth (5) day of March One thousand eight hundred and eighty-five years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Steains Sprague
2. Sex and Age,	Male, 21 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Student
5. Religious Persuasion, so far as known,	Established Church of Scotland.
6. Previous Place of Abode,	29 Buckingham Terrace Edinburgh
7. Place where Found and Examined,	Edinburgh and Dumfries
8. Length of time Insane,	One week
9. Whether First Attack,	No. Second attack.
10. Age (if known) on First Attack,	20 yrs.
11. When and where previously under Examination and treatment,	At Crichton Royal Institution Dumfries from 10 Oct 1883 to 23 April 1884.
12. Duration of Existing Attack,	One week
13. Supposed Cause,	Overstudy
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,	Thomas Bond Sprague 29 Buckingham Terrace Edinburgh (Father) Doubtful
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fourth day of March One thousand eight hundred and eighty five years.

(To be signed by the Party applying) [signature]

ADDITIONAL STATEMENT.

For the Information of the Physician.

1. Birthplace. . . . . .
2. Character of Education, ...
3. Is the natural disposition cheerful or melancholy —reserved or frank? . . . . .
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? . . . .
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? . . . . .
6. What relatives of the patient have been epileptic, paralytic, intemperate, eccentric, or insane?
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? . . . . . .
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? . . . .
9. Was there any immediate cause of the attack that directly brought it on, *e. g.*, mental shock, childbirth, &c.? . . . . . .
10. What were the first symptoms of mental derangement observed, *e. g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?
11. Were there any bodily symptoms present at first, *e. g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? . . . .
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?
13. What changes have taken place in his bodily symptoms? . . . . . .
14. Is he dirty, destructive, untidy, or obscene? .
15. Has he threatened or attempted violence to himself? If so, in what way? . . . .
16. Has he threatened or attempted violence to others? If so, in what way? . . . .
17. How long has he been insane? . . . .

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Alexander Peddie being (1) a Fellow of the Royal College of Physicians hereby certify, on soul and conscience, that I have this day, at (2) 29 Buckingham in the County of Midlothian, seen and personally examined Wm. Claines Sprague, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

A. Peddie Jun. F.R.C.

DATED this 3rd day of March One thousand eight hundred and eighty five

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Alexander Reddie
being a (1) Fellow of the Royal College of Physicians Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day at (3) 15 Rutland Street Edinburgh in the County of Midlothian separately from any other Medical Practitioner, visited and personally examined (4) Mr. James Stainer Sprague formerly Student 29 Buckingham Terrace Edinr and that the said James Stainer Sprague is a (5) person of unsound mind 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)

~~Delusions that the Millennium has come &c &c~~
Great Violence and
acute maniacal excitement

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

such as the above and
Delusions that the Millennium has come &c &

(7) *State the Information, and from whom derived.*

Name and Medical Designation, A. Reddie M.D. F.R.C.E.E.

Place of Abode, 15 Rutland Street

DATED this third day of March One thousand eight hundred and Eighty five

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, John Cunningham
being a (1) Licentiate of the Royal Colleges of Physicians & Surgeons Edinburgh & Md
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James S. Sprague, Medical Student, 29 Buckingham Terrace, Edinburgh, and that the said James S. Sprague is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the Certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) His facial expression indicates mental disorder

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Had violent Mania in Edinburgh this morning, so much so, that it required several men to overcome him — He was a patient in the Crichton Asylum last years

(7) *State the Information, and from whom derived.*

Name and Medical Designation, John Cunningham M.D. L.R.C.P.I.S.Ed.

Place of Abode 35 Buccleuch Street Dumfries

DATED this third day of March One thousand eight hundred and Eighty five years

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Thomas Pr[illegible] Sprague 29 Buckingham Terrace Edinburgh Certificates under the hands of Alexander Reddie — and John Cunningham —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Stearns Sprague 29 Buckingham Terrace Edinburgh (Petitioner's son) and that the said James Stearns Sprague is a (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 Stearns Sprague, — as a Patient into the Royal ~~Edinburgh~~ Asylum for the Insane, 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 Stearns Sprague, which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Fourth day of March, — One thousand eight hundred and eighty five.

David Boyle Hope

To the Medical Superintendent of the Royal ~~Edinburgh~~ Asylum for the Insane, at Dumfries.

Name, James Stearns Sprague

Date of Admission, 3 March 1885.

LETTER OF OBLIGATION FOR PAYMENT OF BOARD.

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GENTLEMEN,

As you have agreed to admit into the Royal Edinburgh Asylum for the Insane, as an ordinary patient and boarder, at the rate of per annum, I hereby oblige myself to pay to your Treasurer the said patient's board quarterly, and in advance, at the rate of or such other rate, as may from time to time be determined by you; to provide the requisite supplies of clothes for the patient, or, in the event of such clothes being supplied by you, to pay for the same to your Treasurer; to pay to your Treasurer for all stimulants or extraordinary furnishings supplied to the patient on the order of your Physicians; and to repay your Treasurer for all cash advanced to, or on behalf of, the patient. I also oblige myself to remove the patient when desired; to defray, in case of death, the funeral charges; and to fulfil any other condition incumbent on me as surety for the patient, according to your Regulations.

To the Managers of the Royal Edinburgh Asylum for the Insane.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of Wigtown~~ (2) _____
of Dumfries & Galloway, *and his Substitutes,*—

The Petition of James Fleming Whithorn, Wigtownshire,
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Catherine Dalgliesh, _____
your Petitioner's (3) Sister
is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Catherine Dalgliesh _____ to the Crichton Asylum Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Fleming

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this third (4) day of March One thousand eight hundred and eighty 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,	Catherine Dalgliesh M.S. Fleming
2. Sex and Age,	Female about 65
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Widow of a Missionary in Berbice
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Berbice British Guiana
7. Place where Found and Examined,	Edinburgh
8. Length of time Insane,	For a month or two
9. Whether First Attack,	Yes. First attack
10. Age (if known) on First Attack,	Some age, about 65
11. When and where previously under Examination and Treatment,	not previously examined.
12. Duration of Existing Attack,	a month or two.
13. Supposed Cause,	Family Bereavements - Change of Climate and New Habits
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	_____
18. Date of becoming Chargeable,	_____
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Revd James Fleming. Whithorn, Wigtownshire Brother. Sister short time many years ago.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	_____

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this third day of March _____ One thousand eight hundred and eighty five

(To be signed by Party applying) James Fleming
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, Henry Duncan Littlejohn ——— being a (1) Medical Graduate and a Fellow of the Royal College of Surgeons ——— and being in actual practice as a (2) Physician Surgeon ——— hereby certify, on soul and conscience, that I have this day, at (3) No. 13 Annandale Place Edinburgh ——— in the County of Midlothian ——— separately from any other Medical Practitioner, visited and personally examined (4) Catherine Fleming or Dalgleish ——— and that the said Catherine Fleming or Dalgleish is a (5) person of unsound mind ——— and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Restless look & general nervousness. Delusions of the highly scrupulous & self-reproachful kind. Dangerous tendencies.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Strong delusions. Threatening suicide, & frequent & repeated refusal of food.

Name and Medical Designation, Henry D. Littlejohn M.D.

Place of Abode, 22 Royal Circus Edinburgh

DATED this third day of March One thousand eight hundred and eighty 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.

I, the undersigned, William Charles Sharp ——— being a (1) Bachelor of Medicine & Master in Surgery of the University of Edinburgh ——— and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) No 13 Annandale Place Edinburgh. ——— in the County of Midlothian ——— separately from any other Medical Practitioner, visited and personally examined (4) Catherine Fleming or Dalgleish ——— and that the said Catherine Fleming or Dalgleish is a (5) person of unsound mind. ——— and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Constant restlessness, air of depression and fixed melancholy. Delusions as to bringing harm to all she associates with. Desire to commit suicide. ———

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Purchase of poison after threatening to do so & letter. Morbid views on religious matters

Name and Medical Designation, William Charles Sharp

Place of Abode 13 Annandale Place Edinburgh

DATED this third day of March One thousand eight hundred and eighty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Henry D. Littlejohn
being (1) M.D. of Edin. & F.R.C.S.
hereby certify, on soul and conscience, that I have this day, at (2) No 12 Armistice Place Edin. [illegible]
in the County of Midlothian, seen and personally examined
Catharine Fleming or Dalgleish, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Henry D. Littlejohn M.D.

DATED this Third day of March One thousand eight hundred and eighty five years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff. Substitute,
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) The Reverend James Fleming Whittown, Wigtownshire
Certificates under the hands of Henry Duncan Littlejohn
and William Charles Greig, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Fleming or Dalgleish, Widow, residing in Edinburgh, Petitioners sister and that the said Mrs Catherine Fleming or Dalgleish, 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 Fleming or Dalgleish as a Patient into the (5) Public Asylum of Crichton 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 Fleming or Dalgleish which accompanied the said Petition.

DATED this Fourth day of March, One thousand eight hundred and eighty five.

David Boyle Hope

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, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Catherine Fleming or
Dalgleish.
3 March 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) County~~ of Dumfries & Galloway *and his Substitutes,*—

Fleming The Petition of Richard Brown Inspector of Poor Kirkpatrick humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Matilda Shannon or Nixon, your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Matilda Shannon or Nixon to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Richard Brown Inspector of Poor Kirkpatrick Fleming

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Seventh (4) day of March One thousand eight hundred and eighty five years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Matilda Shannon or Nixon
Sex and Age,	Female aged 26 years
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any),	Kept house for Husband and Family
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Penrith
Place where Found and Examined,	Waterside Cottage, Kirkpatrick Fleming.
Length of time Insane,	Eight days
Whether First Attack,	First attack
Age (if known) on First Attack,	26 years
When and where previously under Examination and Treatment,	—
Duration of Existing Attack,	Eight days
Supposed Cause,	no cause known
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to others,	has shown symtons of being dangerous
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkpatrick Fleming
Date of becoming Chargeable,	March 8th 1885
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Henry Shannon Father residing at Waterside Cottage Kirkpatrick Fleming. Father was once treated for Insanity, and Brother John Shannon twice in the Southern Counties Asylum
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventh day of March One thousand eight hundred and Eighty five years

(*To be signed by Party applying*) Richard Brown Inspector of Poor Kirkpatrick Fleming

Dalgleish. 3 March 1885

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Carruthers
being a (1) Lic: Roy: Coll: Phys: Edin: &c.
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Waterside Cottage, Kirkpatrick Fleming in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Matilda Nixon or Shannon Waterside Cottage, Kirkpatrick Fleming and that the said Matilda Nixon or 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) Patient is intensely restless & excited without obvious cause, sobs & sighs at intervals, at other times shouts in a violent manner

(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 rests none either by night or day, moves about the house in an unmeaning and strange fashion, & is at times outrageous.

Name and Medical Designation, William Carruthers LRCPE &

Place of Abode, Kirkpatrick Fleming

DATED this 5th day of March One thousand eight hundred and eighty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Daniel MacKenzie
being a (1) Bachelor of Medicine & Master in Surgery of Edinburgh University.
and being in actual practice as a (2) General Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Annan in the County of Dumfries. separately from any other Medical Practitioner, visited and personally examined (4) Matilda Nixon. and that the said Matilda Nixon. is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her strange & excited look & manner, & purposeless actions & ways.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Sleeplessness & general excitement, exciting fear in the minds of others.

Name and Medical Designation, D. MacKenzie M.B. & M.

Place of Abode Annan.

DATED this seventh day of March One thousand eight hundred and eighty five years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Carruthers being (1) A Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (2) Walmer de Cottage in the County of Dumfries, seen and personally examined Matilda Mann or Shannon, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Carruthers

DATED this 3rd day of March One thousand eight hundred and eighty five

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Jardine Hunter (1) Hunter Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Richard Brown Inspector of Poor, Parish of Kirkpatrick Fleming Certificates under the hands of William Carruthers and David Mackenzie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Matilda Shannon or Mann, Nutside Cottage Kirkpatrick Fleming and that the said Matilda Shannon or Mann is a (5) Person of unsound mind, a Lunatic, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Matilda Shannon or Mann 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 Matilda Shannon or Mann, which accompanied the said Petition.

DATED this Ninth day of March, One thousand eight hundred and eighty five.

W. H. Hunter

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Matilda Shannon or
Nixon.
Kirkpatrick-Fleming
Admitted 17 March 1885

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway, ——— *and his Substitutes,*—

(3) Insert Name and Designation.

The Petition of (3) Hugh C. McKerrow, Farmer, Muirfoot Newbrunnock, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that ———

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) Daughter, Mary McKerrow, ——— is at present in a state of Mental Derangement, and 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 McKerrow ——— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this ~~Ninth~~ 12th ~~Fourth~~ (5) day of March One thousand eight hundred and eighty 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,	Mary McKerrow.
2. Sex and age,	female thirty six years
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Sewer - servant and dressmaker
5. Religious Persuasion, so far as known,	protestant
6. Previous place of abode,	Muirkirk and Irvine
7. Place where found and examined,	came to her fathers House Muirfoot
8. Length of time Insane,	fully six months
9. Whether First Attack,	first attack within our knowledge
10. Age (if known) on First Attack,	thirty five years eleven months
11. When and where previously under Examination and treatment,	no previous examination
12. Duration of Existing Attack,	fully six months
13. Supposed Cause,	no cause known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Hugh C. McKerrow Muirfoot Newbrunnock 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.

DATED this ninth day of March One thousand eight hundred and eighty five

(To be signed by the Party applying) Hugh C. McKerrow

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Rathhead New Cumnock
2. Character of Education,	an Elementry Education
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Melancholy
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	industrious and sober but unsettled
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	peculiar for some years. [illegible] treated.
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	None to my knowledge
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	cause of death of mother and one brother. consumption
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	changed from Housekeeper to brother. to reside in room [illegible]
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	none
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	tendency to blame her friends unjustly
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	sometimes headache possibly from self denial of proper food
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	lately believes herself to be moved by a spirit
13. What changes have taken place in his bodily symptoms?	none but slightly thinner
14. Is he dirty, destructive, untidy, or obscene?	no on the contrary very [illegible]
15. Has he threatened or attempted violence to himself? If so, in what way?	no
16. Has he threatened or attempted violence to others? If so, in what way?	no
17. How long has he been insane?	strange for some years - last six [illegible] symptoms of insanity more [illegible]

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, James Kerr being (1) a Bachelor in Medicine, & master in Surgery, Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution in the County of Dumfries —, seen and personally examined Mary McKerrow, New Cumnock, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Kerr M.B.C.M.

DATED this tenth day of March One thousand eight hundred and eighty five years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Alexander Dale MacDonald being a (1) Graduate of Edinburgh University and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day at (3) Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary McKerron New Cummock Ayrshire and that the said Mary McKerron is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) refuses to answer questions and when she does so does it in a hesitating way has been sleepless but is a little better in that way

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Assistant Physician informs me she has delusions about spirits troubling her at night.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, A D MacDonald MD

Place of Abode, 18 Castle St Dumfries

DATED this 19th day of March One thousand eight hundred and eighty five

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MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Kerr being a (1) Bachelor of Medicine & Master in Surgery of 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) Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary McKerron dress-maker New Cummock and that the said Mary McKerron is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) She refuses to answer questions or does so incoherently she has the delusion that a spirit prevents her sleeping at night.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, James Kerr M. B. C. M.

Place of Abode, ~~Dum~~ 20 Castle Street, Dumfries

DATED this tenth day of March One thousand eight hundred and eighty-five years.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSIO[illegible]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, William Herries Shortt Stony (1) Sheriff Substitute, of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Hugh C. McKerrow Farmer, New Cumnock, Certificates under the hands of Alexander Dall Macdonald and James Kerr, being two Medical Person[illegible] duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care an[illegible] Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunati[illegible] Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary McKerrow Muirfoot, New Cumnock (Petitioner's daughter) and that the sai[illegible] Mary McKerrow, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you t[illegible] receive the said Mary McKerrow, as a Patient into th[illegible] Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the sai[illegible] Medical Certificates, and a Statement regarding the said Mary McKerrow, which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twelfth day of March, One thousand eigh[illegible] hundred and eighty five.

C.W.K.

W. H. Shortt

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Mary McKerrow

Date of Admission, 10 March 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honorable the (1) Sheriff of the (2) ~~County~~ of Lanarkshire and his Substitutes,—

The Petition of John Munro, 13 Stone Place Inverness Florida humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Munro, 7 Westmoreland St Govanhill your Petitioner's (3) Sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Munro to the Crichton Royal Institution Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John H Munro

DATED this Fourteenth (4) day of March One thousand eight hundred and ~~five~~ Eighty five.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Helen Munro
2. Sex and Age,	F. 20 Years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Saleswoman
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	7 Westmoreland St Govanhill
7. Place where Found and Examined,	about a Fortnight
8. Length of time Insane,	First
9. Whether First Attack,	—
10. Age (if known) on First Attack,	about a Fortnight
11. When and where previously under Examination and Treatment,	Unknown
12. Duration of Existing Attack,	No
13. Supposed Cause,	Not so far as known
14. Whether subject to Epilepsy,	Not at present
15. Whether Suicidal,	Private Patient
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	John Munro, 7 Westmoreland St Govanhill Father. No.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fourteenth day of March One thousand eight hundred and Eighty five

(*To be signed by Party applying*) John H Munro

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Alexander Robertson being a (1) Medical Practitioner of Glasgow and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 7 Westmoreland Crosshill Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Helen Munro, Patient, residing at 7 Westmoreland St, Crosshill, Glasgow and that the said Helen Munro 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 hears voices; occasionally sees visions when alone and says that the figures speak to her; fancies that an attempt was made to poison her. Laughs to herself without reason. Memory is reticent and impulsive.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She has struck her sister without cause and said she could not help it; destroyed an album and her clothes under impulse; laughs very much to herself.

Name and Medical Designation, Alexander Robertson

Place of Abode, 16 Newton Terrace, Glasgow

DATED this 9th day of March One thousand eight hundred and 85

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Archibald Brown being a (1) Medical Doctor of Glasgow University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 7 Westmoreland Crosshill Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Helen Munro, Patient residing at 7 Westmoreland St Crosshill Glasgow and that the said Helen Munro 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) Is very restless and uneasy and attributes this condition to hearing many voices and seeing visions while awake. Is impulsive. Laughs without apparent reason. Memory very defective; forgets in one or two minutes questions addressed to her and asks to have them repeated.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has struck her sister several times in public and in private without cause. Has broken articles in fits of anger. Laughs at times without apparent reason. At other times is depressed & melancholy.

Name and Medical Designation, Archibald Brown

Place of Abode Mount Florida Glasgow

DATED this 7th day of March One thousand eight hundred and eighty five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Archibald Brown being (1) Doctor of Medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) 7 Westmoreland St in the County of Lanark, seen and personally examined Helen Munro, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Archibald Brown M.D.

DATED this 13th day of March One thousand eight hundred and eighty five.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Munro 13 Larne Place, Mount Florida, Glasgow Certificates under the hands of Alexander Robertson and Archibald Brown, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Helen Munro 7 Westmoreland St, Crosshill, Glasgow and that the said Helen Munro, is a (5) Lunatic (Pub sister)

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Munro as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Munro which accompanied the said Petition.

DATED this Sixteenth day of March, One thousand eight hundred and eighty five.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution, Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

Miss Helen Munro

Admitted, 11th March 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) ~~Sheriff~~ ~~of the~~ (*) ~~County~~ of Dumfries ~~Stewartry~~ and his Substitutes,—

The Petition of Wm Wilson, Insp. of Poor Holywood,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Rebecca West, or Mc Kenzie ——

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (*) Pauper

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Rebecca West, or Mc Kenzie —— to the Southern Counties Asylum, Dumfries, and to sanction Her admission into the said Asylum.

William Wilson Insp.

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Fourteenth (*) day of March —— One thousand eight hundred and Eighty five Years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Rebecca West, or Mc Kenzie
2. Sex and Age,	Female 44 Years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Seamstress
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Church St. Maxwelltown. Troqueer
7. Place where Found and Examined,	Maxwelltown Troqueer
8. Length of time Insane,	Eight Weeks
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	44 Years
11. When and where previously under Examination and Treatment,	Church St. Maxwelltown, 6 Weeks
12. Duration of Existing Attack,	Eight Weeks
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,	Holywood
18. Date of becoming Chargeable,	March 14th 1885
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Jessie West, or Dickson, Sister
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	No

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 14th day of March — One thousand eight hundred and Eighty five

(*To be signed by Party applying*) Wm Wilson Insp.

P. P.

Miss Agnes Moore Admitted, 14th March 1885.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 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) Church St. Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Rebecca West or McKenzie a Pauper and that the said Rebecca West or McKenzie 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 on several subjects - she is an incoherent.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her sister says she has gone wrong about money matters, sleepless and [illegible] incoherent.

Name and Medical Designation, Mr Scott M.D.

Place of Abode, 26 Castle St Dumfries

DATED this 14th day of March One thousand eight hundred and eighty five -

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Richard B. Lorraine
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) High St. Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Rebecca West or McKenzie a pauper and that the said Rebecca West or McKenzie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 very quiet and dull looking unwilling to answer questions and not able to answer any correctly

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her sister says she never speaks to him and has delusions one being that she so much she must be able to pay her

Name and Medical Designation, Richard B. Lorraine M.D.

Place of Abode 16 Castle St. Dumfries

DATED this fourteenth day of March One thousand eight hundred and eighty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Richard B Lorraine being (1) Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) High St Maxwelltown in the County of Kirkcudbright, seen and personally examined Rebecca West or McKenzie (Pauper), and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Richard B. Lorraine MBhll

DATED this fourteenth day of March One thousand eight hundred and eighty five

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Wilson Inspector of Poor, Holywood Certificates under the hands of William Scott and Richard B. Lorraine, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Rebecca West or McKenzie Widow Church St Maxwelltown (a Pauper) and that the said Rebecca West or McKenzie 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 Rebecca West or McKenzie as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said which accompanied the said Petition.

DATED this Sixteenth day of March, One thousand eight hundred and eighty five.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Rebecca Weekes Mc
Kenzie
Holzwood
Admitted, 14 March 1885.

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway —

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) Robert Wright, Quarryman, Lochabriggs,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Jane Anderson or Wright, ——

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) wife, ——

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Anderson or Wright —— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

Robert Wright 16/3/85

DATED this Seventeenth (5) day of March One thousand eight hundred and eighty 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,	Jane Anderson or Wright
2. Sex and age,	female.
3. Married, Single, or Widowed,	Married
4. Condition of Life and previous Occupation (if any),	Quarrier's Wife
5. Religious Persuasion, so far as known.	Protestant
6. Previous place of abode,	Lochabriggs
7. Place where found and examined,	Lochabriggs
8. Length of time Insane,	Ten days
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	39
11. When and where previously under Examination and treatment,	—
12. Duration of Existing Attack,	Ten days
13. Supposed Cause,	General Debility
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Robert Wright Husband Lochabriggs. Father at present in Asylum for the fourth or fifth time.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventeenth day of March One thousand eight hundred and eighty five.

(To be signed by the Party applying) Robert Wright 16/3/85

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Coat Bridge
2. Character of Education.	
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Industrious & Temperate
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	Father at present insane.
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	Father & mother alive. Also two brothers (the only other children) died of consumption when young.
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Frequent Pregnancy. Mental anxiety about her father.
9. Was there any immediate cause of the attack that directly brought it on, e.g., mental shock, childbirth, &c.?	
10. What were the first symptoms of mental derangement observed, e.g., alteration of conduct or disposition, elevation, depression, fancies, &c.?	Depression & fancies
11. Were there any bodily symptoms present at first, e.g., want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	Want of appetite Sleeplessness Falling off in flesh.
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Becoming more excited & violent & destructive
13. What changes have taken place in his bodily symptoms?	Increasing debility
14. Is he dirty, destructive, untidy, or obscene?	No
15. Has he threatened or attempted violence to himself? If so, in what way?	Yes. Drew a knife across her throat put her hand in a pail of water
16. Has he threatened or attempted violence to others? If so, in what way?	No
17. How long has he been insane?	About ten days.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, Thomas Ferguson being (1) Graduate of Edin^r University hereby certify, on soul and conscience, that I have this day, at (2) Anderson Cottage in the County of Dumfries, seen and personally examined Jane Anderson or Wright, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Thomas Ferguson

DATED this fifteenth day of March One thousand eight hundred and eighty five

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Thomas Ferguson
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day at (3) Anderson Cottage Locharbriggs
in the County of Dumfries
separately from any other Medical Practitioner, visited and personally examined (4) Jane Anderson or Wright
and that the said Jane Anderson or Wright is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(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.

1. Facts indicating Insanity observed by myself: (6)

(6) *State the Facts.*

She is excited & noisy, shouting - then groaning
Says that she is in hell & that in hell
she is lifting up her eyes.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

That :- She attempted to cut her throat this morning &
that she has been hiding knives in her room & elsewhere
That she put her head in a pail of water to drown herself.
By her Husband and Wright

Name and Medical Designation, Thomas Ferguson M.B. & Ch.

Place of Abode, 22 Castle St Dumfries.

DATED this fifteenth day of March One thousand eight hundred and eighty five

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MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Frederick Hugh Clarke,
being a (1) Graduate of Glasgow University
and being in actual practice as a (2) Physician & Surgeon,
hereby certify, on soul and conscience, that I have this day, at (3) ~~Buccleuch~~ B Buccleuch Street, Dumfries Southern Counties Asylum in the County of Dumfries,
separately from any other Medical Practitioner, visited and personally examined (4) Jane Anderson or Wright, Anderson Cottage, Locharbriggs.
and that the said Jane Anderson or Wright is a (5) person of unsound mind
and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :-

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, or otherwise, as the case may be.
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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.*

(a) That she is extremely depressed mentally
(b) That she imagines she has killed all her relatives & that she imagines herself to be in a dying condition which is untrue.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

(a) That she attempted to commit suicide.
- the marks being visible on her throat.

Name and Medical Designation, Fred H. Clarke M.B. CM.

Place of Abode, 11 Buccleuch St. Dumfries.

DATED this Seventeenth day of March One thousand eight hundred and eighty five.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I William Young Herries Elliott, Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Robert Wright Quarryman Lochanbriggs Certificates under the hands of Thomas Ferguson, and Frederick Hugh Clarke, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Anderson or Wright, Lochanbriggs (Petitioner's wife) and that the said Jane Anderson or Wright, a (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 Anderson or Wright as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her, Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Anderson or Wright which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Eighteenth day of March, One thousand eight hundred and eighty five.

W. H. Elliott

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Jane Anderson or Wright

Date of Admission, 16 March 1885

No. 17/11.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries and Galloway, *and his Substitutes,*—

The Petition of Miles McInnes, Inspector of Poor, Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas McAdam your Petitioner's (3) Pauper, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas McAdam, to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Miles McInnes

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DAYED this Eighteenth (4) day of March One thousand eight hundred and Eighty Five years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Thomas McAdam
Sex and Age,	Male — 39 years
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any),	Labourer
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Eve and Lamb Close Dumfries
Place where Found and Examined,	Do Do
Length of time Insane,	a few weeks
Whether First Attack,	Yes
Age (if known) on First Attack,	—
When and where previously under Examination and Treatment,	—
Duration of Existing Attack,	a few weeks
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,	Kelton Parish Castle Douglas
Date of becoming Chargeable,	21st Feby 1884
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary McRath or McAdam Wife, Eve and Lamb Close, Dumfries, None
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.

DAYED this 18th day of March One thousand eight hundred and Eighty Five years

(*To be signed by Party applying*) Miles McInnes

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, 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) Sue & Lamb Cl Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Thomas McAdam a Pauper and that the said Thomas McAdam is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talk incoherently seems in a morose state does not know the meaning of any question [illegible] Vertically when spoken to &c &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife states much the same as [illegible] and that he has been [illegible]

Name and Medical Designation, W Marshall M D

Place of Abode, 27 Buccleuch St Dumfries

DATED this 18th day of March One thousand eight hundred and eighty five years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Eric & Lamb Close Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas McAdam a Pauper and that the said Thomas McAdam is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His appearance indicating insanity & violent speech & action Tells me that he cannot control his [illegible] & that he might with little provocation [illegible] a person seriously

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife informs me that she is in constant terror from his violent actions

Name and Medical Designation, John Smith M D

Place of Abode 14 Castle St Dumfries

DATED this 18th day of March One thousand eight hundred and 85 years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorises the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification.

(2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Kennedy Hewat, Honorary Sheriff-Substitute, of the (1) County of Dumfries, having had produced to me, with a Petition at the instance of (2) Miles McInnes Inspector of Poor Dumfries Certificates under the hands of William Marshall — and John Smith —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (3) Thomas McAdam Labourer Pre Lamb Close Dumfries and that the said Thomas McAdam — is a (4) person of unsound mind (a Pauper) and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas McAdam, — as a Patient into the (5) Public — Asylum of Southern Counties, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas McAdam, which accompanied the said Petition.

DATED this Eighteenth day of March, — One thousand eight hundred and Eighty five.

To the Superintendent of the (6) Public
Asylum of Southern Counties
Dumfries.

W. H. Smith.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Thomas M. Adams.

Dunfries

Admitted: 18 March 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — ~~*of the* (2) Counties~~ *of* Dumfries ~~Shire~~ & Galloway *and his Substitutes,*—

The Petition of John Sowden Inspector of Poor, Urr, Dalbeattie, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Ritchie or Maxwell — your Petitioner's (3) Pauper — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Ritchie or Maxwell — to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Sowden Insp.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 19th — (4) day of March — One thousand eight hundred and 85

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Mary Ritchie or Maxwell,
Sex and Age,	Female, 64 years,
Married, Single, or Widowed,	Married,
Condition of Life, and previous Occupation (if any),	Domestic,
Religious Persuasion, so far as known,	Protestant,
Previous Place of Abode,	Buittle,
Place where Found and Examined,	90 Copland Street, Dalbeattie,
Length of time Insane,	18 months,
Whether First Attack,	First,
Age (if known) on First Attack,	64 years
When and where previously under Examination and Treatment,	
Duration of Existing Attack,	18 months
Supposed Cause,	Not Known
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	No
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Urr
Date of becoming Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Husbands name David Maxwell 90 Copland St. Dalbeattie - no member of her family known to have been insane
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 19th day of March One thousand eight hundred and 85

(*To be signed by Party applying*) John Sowden Insp.

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 McTurchar being a (1) Bachelor of Medicine & Master in Surgery of the University of Edinburgh and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) 90 Copland Street Dalbeattie in the County Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Mary Ritchie or Maxwell wife of David Maxwell — a pauper — and that the said Mary Maxwell is a (5) of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Have known her to be melancholic for more than six months —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband informs me that she labours under the delusion that neighbours annoy her by creating nuisances in the house

Name and Medical Designation, Robert McTurchar

Place of Abode, Dalbeattie —

DATED this Eighteenth day of March One thousand eight hundred and eighty five —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Paterson Lewis being a (1) Doctor of Medicine of the University of Glasgow and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) 90 Copland St Dalbeattie in the County Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Mary Ritchie or Maxwell wife of David Maxwell — a pauper — and that the said Mary Ritchie or 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) Does not know her age — Has a weak imbecile expression of countenance — Thinks her neighbours wish to do her sinon harm — that they got poison from the druggist and put it about the room to kill her — that the woman who washes her [illegible] wilfully destroys them — that every one is scheming against her

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband told me that she said she would drown and at [illegible] time that she would hang herself — that she told her [illegible] other night that her neighbours had pushed an elastic tube [illegible] the house to throw poison by:—

Name and Medical Designation, John Paterson Lewis MB

Place of Abode Dalbeattie

DATED this Eighteenth day of March One thousand eight hundred and eighty five —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Kennis Shorth (1) Hereman Sheriff. Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Lowden Inspector of Poor, Urr Certificates under the hands of Robert McKerchar and John Paterson Lewis, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Ritchie or Maxwell, 90 Copland St, Dalbeattie (a Pauper) and that the said Mary Ritchie or Maxwell is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Ritchie or Maxwell as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Ritchie or Maxwell which accompanied the said Petition.

DATED this Nineteenth day of March, One thousand eight hundred and eighty five.

W. H. Shorth

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Mary Ritchie or Maxwell

Wife.

Admitted 19 March 1886.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — *of the* (2) Dumfries and Galloway — *and his Substitutes,*—

The Petition of James Greive, Inspector of Poor, Moffat,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Cossar,

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Cossar to the Southern Counties Asylum and to sanction her admission into the said Asylum.

James Greive

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Twenty fifth (4) day of March — One thousand eight hundred and eighty 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,	Jane Cossar
2. Sex and Age,	Female, age 34 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	House Keeper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Southern Counties Asylum, Dumfries
7. Place where Found and Examined,	Bell Street, Moffat
8. Length of time Insane,	Eleven months
9. Whether First Attack,	Not first
10. Age (if known) on First Attack,	not known
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of Existing Attack,	
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	might become so
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Moffat
18. Date of becoming Chargeable,	19 March 1885.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thomas Andrew Cossar, Brother, no member of family known to have been Insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twenty fifth day of March — One thousand eight hundred and eighty five

(*To be signed by Party applying*) James Greive

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Munro ——— being a (1) Member of the Royal College of Physicians & a Licentiate of the Royal College of Surgeons Edinb and being in actual practice as a (2) Physician & Surgeon ——— hereby certify, on soul and conscience, that I have this day, at (3) Vicarlands Moffat ——— in the County of Dumfries ——— separately from any other Medical Practition visited and personally examined (4) Jane Cossar. Well Street Moffat. Pauper ——— and th the said Jane Cossar ——— is a (5) person of Unsound mind ——— and a proper Person to be detain under Care and Treatment, and that I have formed this opinion upon the followi grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Laughing in a silly manner
Walking up and down the house. Knocking on her hands & repeating a lot of nonsense
fancying she has been cheated &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

The above facts and threatening her sister with whom she is staying

Name and Medical Designation, James Munro. M.D.

Place of Abode, Moffat

DATED this 20th day of March One thousand eig hundred and eighty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 D'Oyly Grange ——— being a (1) Doctor of Medicine & Master in Surgery of the University of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Well Street Moffat ——— in the County Dumfries ——— separately from any other Medical Practition visited and personally examined (4) Jane Cossar. Well street. Moffat Pauper ——— and th the said Jane Cossar ——— is a (5) insane person ——— 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)

Constant wandering & talking about various topics which have no connection. Large ideas and money.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

That she slaps the bed & behaves violently

Name and Medical Designation, Wm D'Oyly Grange

Place of Abode Moffat

DATED this Seventh day of March One thousand eig hundred and eighty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Munro
being (1) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (2) Well Street
in the County of Dumfries, seen and personally examined
Jane Cossar, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Munro. M.D. L.R.C.S. Edin

DATED this 21st day of March One thousand eight hundred and eighty five

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff-Substitute,
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Greive,
Inspector of Poor Moffat
Certificates under the hands of James Munro
and William D'Oyley Grange, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Cossar, Well Street, Moffat (a Pauper) and that the said Jane Cossar is a (5) person of unsound mind, an Insane person,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Cossar as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Cossar, which accompanied the said Petition.

DATED this Twenty first day of March, One thousand eight hundred and eighty five.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Jane Cossar.

Moffat.

Admitted 21 March

1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) ~~the~~ Dumfries and Galloway *and his Substitutes,—*

The Petition of Miles Mc Innes, Inspector Poor Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Byers or Bell your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Byers or Bell to the ~~Southern Counties~~ Asylum and to sanction the admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

Miles Mc Innes

(4) The date of the Petition must be without fourteen clear days following the dates of the Medical Certificates.

DATED this 25th (4) day of March One thousand eight hundred and Eighty Five years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jane Byers or Bell
2. Sex and Age,	Female - 46 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Charwoman
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	King Street Do Do
7. Place where Found and Examined,	
8. Length of time Insane,	a few days
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	—
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	24th March 1885
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	George Bell, Hostler residing at King St. Husband No
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 24th day of March One thousand eight hundred and Eighty Five years

(*To be signed by Party applying*) Miles Mc Innes

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Dunlop
being a (1) Graduate in the Faculty of Physicians & 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) Dingwall
Cromarty
Dingwall
visited and personally examined (4) Jane Byers or Bell (a pauper)
the said Jane Byers or 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) Talks incoherently
Seems in a very depressed state
Appears greatly in apprehension
& in great dread for the safety of her child

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her sister state that she never
by night or day

Name and Medical Designation, W. Dunlop Med. Off.

Place of Abode, 27 Byelaugh Dingwall

DATED this 24th day of March One thousand eight hundred and eighty five years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith
being a (1) Graduate in Medicine of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Dingwall
Cromarty Asylum.
Dingwall
visited and personally examined (4) Jane Byers or Bell (a pauper)
the said Jane Byers or 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) Has maniacal appearance & loss of mental power. is violent by fits & starts. Is not able to answer questions

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Has not been known to sleep for the last night & day. Has maniacal attacks. Mrs Lockhart tells me that her father has been alarmed for in regard to her children (Mrs Lockhart)

Name and Medical Designation, John Smith Med. Off.

Place of Abode 14 Castle St. Dingwall

DATED this 25th day of March One thousand eight hundred and 85 years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Marshall, being (1) a Graduate of the Faculty of Physicians and Surgeons Glasgow and College of St Andrews hereby certify, on soul and conscience, that I have this day, at (2) Ring Street Dumfries in the County of Dumfries, seen and personally examined Jane Byers or Bell, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

W Marshall M D

DATED this 24 day of March One thousand eight hundred and eighty five years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Miles McInnes, Inspector of Poor Dumfries Certificates under the hands of William Marshall and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Byers or Bell, Ring street, Dumfries, and that the said Jane Byers or Bell, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Byers or Bell, as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Byers or Bell, which accompanied the said Petition.

DATED this Twenty sixth day of March, One thousand eight hundred and eighty five.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 4715

Jane Byers or Bell.

Admitted 24th March 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) The Sheriff ~~of the Stewartry~~ of Dumfries & Galloway *and his Substitutes*—

The Petitioner of ~~[illegible]~~ James Arthur Junr 20 Albion Road North Shields humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Arthur Senior ——— your Petitioner's (2) father ——— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Arthur ——— to the Crichton Royal Institution Dumfries and to sanction his admission into the said Asylum.

James Arthur

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

DATED this 25th (3) day of March ——— One thousand eight hundred and eighty five

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Arthur
2. Sex and Age,	Male 45
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Ex Farmer
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	20 Albion Road, North Shields
7. Place where Found and Examined,	Dumfries -
8. Length of time Insane,	10 days
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	45
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	10 days
13. Supposed Cause,	financial difficulties & premature
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Arthur, 20 Albion Road North Shields Eldest Son. No.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 25th day of March One thousand eight hundred and eighty five

(*To be signed by Party applying*) James Arthur Junr

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 M: McCulloch, M: D: &c.
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician in Dumfries
hereby certify, on soul and conscience, that I have this day, at (3) 47 Castle Street
Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) James Arthur, Farmer, Brookelford
Brookelford at the
said James Arthur is a (5) person of unsound
mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Says he has killed Mr
Stair, Marquis of Bute, Duke of Northumberland &c. &c. and gives
money to the poor; asserts that to pour boiling water on plants will cause
them to flower & fructify immediately &c. &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The same as above. Believes that he has got the Holy Ghost
that he all that is going on in every part of the world &c. &c.

Name and Medical Designation, James M: McCulloch, M: D: &c.

Place of Abode, 47 Castle Street, Dumfries

DATED this 25th day of March One thousand
hundred and eighty five 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 John Collie M B Edin.
being a (1) Graduate of the University of Aberdeen
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 47 Castle
Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) James Arthur Farmer Brookelford
Brookelford at the
said James Arthur is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, 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 & constant
Has a dull look
Very easily made angry
Tremulousness of upper lip.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Threatened to kill Mr Maxwell his brother
Sleeps badly
Has the delusion that his father is servant
Talks from morning to night & always incoherent.

Name and Medical Designation, Robert John Collie M B

Place of Abode 47 Castle Street Dumfries

DATED this 25th day of March One thousand
hundred and ~~four~~ eighty five years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James M: McCulloch, M: D: &c being (1) a physician in practice in Dumfries hereby certify, on soul and conscience, that I have this day, at (2) 47 Castle Street Dumfries, in the County of Dumfries, seen and personally examined James Arthur, Farmer, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James M: McCulloch M: D: &c.

DATED this 25th day of March One thousand eight hundred and eighty five years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) James Arthur Junior, 20 Albion Road, North Shields, Certificates under the hands of James Murray McCulloch and Robert John Collie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Arthur Senior, Farmer, Brooklands, Crocketford, and that the said James Arthur Senior, is a (5) person of unsound mind (petitioner's father) and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Arthur Senior, as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Arthur Senior, which accompanied the said Petition.

DATED this Twenty sixth day of March One thousand eight hundred and eighty five.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries.

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Mr James Cartmer

Admitted 25th March 1895

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries Galloway, ——— *and his Substitutes,*—

(3) Insert Name and Designation.

The Petition of (3) Donald Allan Doctor of Medicine of 152 Cadbroke Grove Road, Notting Hill, London, W.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Ann Allan ———

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) Sister ———

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Ann Allan ——— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Donald Allan

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this Twenty Sixth (5) day of March — One thousand eight hundred and eighty 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,	Ann Allan
2. Sex and age,	Female, thirty nine years
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	In comfortable circumstances, kept house to one of her brothers, a farmer in Tweeness - Shire
5. Religious Persuasion, so far as known,	Presbyterian, being a member of the Free Church
6. Previous place of abode,	Tullochgeilan Farm, Grantown, Tweeness - Shire
7. Place where found and examined,	Found at Whaley Bridge Cheshire & Examined at Dumfries
8. Length of time Insane,	Two years
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	Thirty seven years
11. When and where previously under Examination and treatment,	From March 1883 to March 1884 at Wye House Asylum, Buxton From March 1884 to March 1885 at Cheadle Lunatic Asylum
12. Duration of Existing Attack,	Two years
13. Supposed Cause,	Unknown unless suppression of menses
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Supposed to be
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Eliza Jane Allan Grantown Ross Shire N.B. Her Mother None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty-sixth day of March One thousand eight hundred and eighty five

(To be signed by the Party applying) Donald Allan

Admitted 25 March 1885

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Drummond, Killearn, Ross-Shire
2. Character of Education.	Good Class
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful, inclined to be reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady and industrious
5. Has the Patient been insane before? If so, how often? How was she affected? How long? Where was she treated?	Not before this attack commencing [illegible]
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	Her father had spasms for some years
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	Her father died of spinal paralysis. Her brothers died in childhood or about [illegible] Her relations have [illegible] healthy [illegible] suppression of [illegible]
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Great depression of spirits [illegible]
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	Sleeplessness, falling off in flesh, [illegible] and derangement of female health
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Her melancholy has increased, she [illegible]
13. What changes have taken place in his bodily symptoms?	Rather improved
14. Is she dirty, destructive, untidy, or obscene?	No
15. Has she threatened or attempted violence to himself? If so, in what way?	Has threatened to throw herself [illegible] [illegible] and [illegible] an attempt [illegible] to her room in the North. Not that I am aware of
16. Has she threatened or attempted violence to others? If so, in what way?	
17. How long has she been insane?	Two years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, Robert John Collie M.B.C.M. being (1) Graduate of Medicine of the University of Aberdeen hereby certify, on soul and conscience, that I have this day, at (2) the Asylum Institution in the County of Perthshire, seen and personally examined Ann Allan, and that the said Ann person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Robert John Collie

DATED this 25th day of March One thousand eight hundred and Eighty five

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Robert John Collie

being a (1) Bachelor of Medicine & Master of Surgery of the University of Aberdeen

and being in actual practice as a (2) Physician and Surgeon 27 ~~Castle Street~~

hereby certify, on soul and conscience, that I have this day at (3) ~~Dumfries~~ Railway Station Dumfries in the County of ~~Dumfries~~ Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Ann Allan lately residing at Cheadle Lunatic asylum and that the said Ann Allan is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6)

(6) *State the Facts.*

She is absolutely taciturn allows herself to be moved anywhere without resisting or showing any will. ~~It~~ She will not look up

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

will not speak, nor Eat herself—out being fed. Has not spoken for a year at least, except once during an attack of excitement.

Perfectly passive in all her movements exercising no will. Informant, the Nurse who brought patient from Cheadle

Name and Medical Designation, Robert John Collie

Place of Abode, 27 Castle Street Dumfries

DATED this 25th day of March One thousand eight hundred & eighty five

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MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Mc. McCulloch, M. D. &c

being a (1) Physician & Graduate of the University of Edinburgh

and being in actual practice as a (2) Physician in Dumfries

hereby certify, on soul and conscience, that I have this day, at (3) the Royal Lunatic Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Ann Allan Lately residing at Cheadle Lunatic Asylum, and that the said Ann Allan is a (5) person of unsound mind 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) Absolutely silent, wont speak or appear to notice, imbecile look

(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.*

Will not speak or take food unless when in a state of irritation or excitement. Apathetic as to speech, movements & naturalia &c. &c.

Name and Medical Designation, James Mc. McCulloch M. D. &c.

Place of Abode, 47 Castle Street, Dumfries.

DATED this 28th day of March One thousand eight hundred & eighty five years.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSIO
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope — (1) Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Donald Allan M.D. 152 Cadbroke Grove Road Notting Hill Lo Certificates under the hands of Robert John Collie — and James M. McCulloch —, being two Medical Perso duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care an Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunat Asylums in Scotland," setting forth that they had separately visited and examined (4) Allan Whaley Bridge Cheshire (Potts Water) and that the sa Ann Allan, — is a (5) Lunatic, a person of unsound mind — and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you receive the said Ann Allan — as a Patient into th Crichton Royal Institution for the Insane at Dumfries, and I authorize her — Transmission to the said Asylum accordingly; and I transmit you herewith the sa Medical Certificates, and a Statement regarding the said Ann Allan which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twenty sixth day of March One thousand eig hundred and eighty five.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Miss Ann Allan

Date of Admission, 25th March 1885

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) County~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of Richard Brown Inspector of Poor Kirkpatrick Fleming

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Rae

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Rae to the Southern Counties Asylum and to sanction the admission into the said Asylum.

Richard Brown Inspector of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 27th — (4) day of March — One thousand eight hundred and Eighty five years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1.	Christian Name and Surname of Patient at length,	Margaret Rae
2.	Sex and Age,	Female aged 59 years
3.	Married, Single, or Widowed,	Widow
4.	Condition of Life, and previous Occupation (if any),	Farm worker.
5.	Religious Persuasion, so far as known,	Protestant
6.	Previous Place of Abode,	Mannyside
7.	Place where Found and Examined,	Mannyside
8.	Length of time Insane,	2 weeks.
9.	Whether First Attack,	no
10.	Age (if known) on First Attack,	
11.	When and where previously under Examination and Treatment,	Southern Counties Dumfries
12.	Duration of Existing Attack,	2 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,	Kirkpatrick Fleming
18.	Date of becoming Chargeable,	Nov 19th 1883
19.	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Jane Rae or Wright Husband by Epilepsy
20.	Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 27th day of March — One thousand eight hundred and Eighty five years.

(*To be signed by Party applying*) Richard Brown Inspector of Poor

P. P.

Margaret Roat.
Admitted 27th March, 1885.

8127

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

GENERAL BOARD OF L.
26 MAR 85
SCOTLAND

I, the undersigned John Liddell being desirous to transfer Rosa Philadelphia Lyne or Liddell at present a Patient in the Royal Edinburgh Asylum, and (1) detained at my instance from the said Asylum to the Dichton Royal Institution, Dumfries, hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Rosa Philadelphia Lyne or Liddell and a Medical Certificate with respect to her mental and bodily condition.

(1) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

John Liddell
(2) Husband

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Edinburgh this 25th day of March One thousand eight hundred and Eighty-five

STATEMENT.

1. Christian Name and Surname of Patient at length,	Rosa Philadelphia Lyne or Liddell
2. Sex and Age,	female aged 49
3. Married, Single, or Widowed,	married
4. Condition of Life, and Previous Occupation (if any),	Housewife
Religious Persuasion, so far as known,	Protestant
Date of Admission into Asylum,	14th June 1884
Length of time Insane,	about 10 months
Whether first Attack,	First
Age (if known) on first Attack,	48
11 Duration of existing Attack,	about 10 months
11 Supposed Cause,	Climacteric period
12 Whether subject to Epilepsy,	No
13 Whether Suicidal,	No
14 Whether Dangerous to others,	Yes
15 Parish to which the Lunatic (if a Pauper) is Chargeable,	
16 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of her Family known to be, or to have been Insane,	John Liddell Esq. (Husband) 15 West Brighton Crescent Portobello. A Cousin died insane

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) John Liddell

DATED this 25th day of March One thousand eight hundred and Eighty-five

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned Thomas Smith Clouston being (1) a Fellow of the College of Physicians Edin hereby certify that I have this day at (2) The Royal Edin Asylum personally examined Rosa Philadelphia Lyne or Liddell at present Patient in said Asylum, and with respect to the Mental State that she has many insane delusions, & that I consider prisoner her & galvanize her at night in her bedroom, and that my name is "Cr

; and with respect to h

Bodily Health and Condition that they are average.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Con dition of the Patient to contraindicate removal to the Asylum of Dumfries

T. S. Clouston

Dated this 24th day of March One thousand eigh hundred and 85.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) John Liddell to authorize the transfer of Rosa Philadelphia Lyne or Lea from Royal Edinburgh Asylum to Crichton Roy Institution, Dumfries and the Board having considered such application an the accompanying Medical Certificate, do hereby authorize the transfer (2) of the sa Rosa Philadelphia Lyne or Liddell as requested.

John Sibbald Commissioner.

Dated at Edinburgh, this 26th day of March, Or thousand eight hundred and ~~84~~ 85.

No 4719
Mrs Rosa Philadelphia Lyne or Liddell.
Admitted March 28th 1885

Date of Sheriff's Order:
16th June 1884

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) James Tweedie J.P. and D.L. for Peeblesshire, Kachan House, Biggar humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Miss Jane Macmaster

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) Cestui que trust is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Miss Jane Macmaster to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

James Tweedie

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this First (5) day of April One thousand eight hundred and Eighty 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,	Jane Macmaster.
2. Sex and age,	Female
3. Married, Single, or Widowed,	Single.
. Condition of Life and previous Occupation (if any),	Gentlewoman
. Religious Persuasion, so far as known,	Protestant.
. Previous place of abode,	London chiefly when not travelling
. Place where found and examined,	~~Found at London.~~ Examined at Dumfries
. Length of time Insane,	About two years
Whether First Attack,	—
1 Age (if known) on First Attack,	—
1 When and where previously under Examination and treatment,	—
1 Duration of Existing Attack,	About two years.
1 Supposed Cause,	—
1 Whether subject to Epilepsy,	—
1 Whether Suicidal,	—
1 Whether Dangerous to others,	—
1 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18 Date of becoming Chargeable,	—
19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Father's sister Mary Macmaster 58 Marchmont Crescent Edinburgh Do. Do. Janet Macmaster or McMillan } Union Street Larkhill Bangor Mother's Brother David McLosh Ochil Park Bridge of Allan Stirlingshire Mother's sister Mary McLosh Queensberry South Cannongate Edinburgh.
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	Being merely a Trustee and acting on medical advice

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this First day of April One thousand eight hundred and Eighty five

(To be signed by the Party applying) James Tweedie.

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane? - - -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, Robert John Collie,
being (1) Graduate of the University of Aberdeen, in Medicine & Surgery,
hereby certify, on soul and conscience, that I have this day, at (2) the Railway Station
in the County of Dumfries, —, seen and personally examined
Jane Macnaslin, Gentlewoman, London, , and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Robert John Collie

DATED this 31st day of March — One thousand eight hundred and Eighty four.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Robert John Collie
being a (1) Graduate in Medicine & Surgery of the University of Aberdeen
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day at (3) at the Railway Station Dumfries
in the County of Dumfries
separately from any other Medical Practitioner, visited and personally examined (4) Jane Macmaster Gentlewoman of London
and that the said Jane Macmaster is a (5) person of unsound mind
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6)

(6) *State the Facts.*

She is unnatural
Talks to herself, and
Talks generally in a childish way
showing weakness of mind

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Jessie Bruce the nurse who was with her informs me that she has brought the patient direct from Dr Yules Asylum Chiswick near London.

Name and Medical Designation, Robert John Collie M.B.C.M.

Place of Abode, 27 Castle Street Dumfries

DATED this 31st day of March One thousand eight hundred and Eighty five.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Hugh Cunningham
being a (1) licentiate of the Royal College of Physicians in Edinburgh, and of the Faculty of Physicians and Surgeons, Glasgow
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, Dumfries
in the County of Dumfries
separately from any other Medical Practitioner, visited and personally examined (4) Jane Macmaster, Gentlewoman of London
and that the said Jane Macmaster, is a (5) person of unsound mind
and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) She mutters to herself, is restless, and has a vacant appearance of the countenance.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Dr Rutherford informs me she has been under treatment in an Asylum before.

Name and Medical Designation, Hugh Cunningham L.R.C.P.S.Edin.

Place of Abode, 25 Castle Street Dumfries

DATED this first day of April One thousand eight hundred and eighty five years.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSIO
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope, —— (1) Sheriff Substitute
of the (2) County of Dumfries ——
having had produced to me, with a Petition at the instance of (3) James Sweed
J.P. and D.L. for Dumfriesshire ——
Certificates under the hands of Robert John Collie ——
and Hugh Cunningham, ——, being two Medical Perso
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care a
Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunat
Asylums in Scotland," setting forth that they had separately visited and examined
Jane Macmaster Gentlewoman of London and that the sa

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

Jane Macmaster, —— is a (5) person of unsound
mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you
receive the said Jane Macmaster, —— as a Patient into t
Crichton Royal Institution for the Insane at Dumfries, and I authorize her —
Transmission to the said Asylum accordingly; and I transmit you herewith the sa
Medical Certificates, and a Statement regarding the said Jane Macmaster,
which accompanied the said Petition.

DATED this First —— day of April, — One thousand eig
hundred and eighty five years.
David Boyle Hop

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Miss Jane Macmaster

Date of Admission, 21 March 1885

8139

[Form B²]

25 and 26 Vict. Cap. 54, Sect. 16.

GENERAL BOARD OF LUNACY
1 APR 85
SCOTLAND

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Alexander Sguair being desirous to transfer Miss Elizabeth Sguair at present a Patient in Murrays Royal Asylum Perth, and (¹) detained at my instance from the said Asylum to the Crichton Royal Institution Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Miss Elizabeth Sguair and a Medical Certificate with respect to her mental and bodily condition.

(¹) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

Alexander Sguair
² Brother of Miss E. Sguair

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

Dated at Inverness this 30th day of March One thousand eight hundred and Eighty five.

STATEMENT.

1. Christian Name and Surname of Patient at length,	Elizabeth Sguair
2. Sex and Age,	Female - Twenty Eight years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	always lived with parents and relatives - no occupation -
5. Religious Persuasion, so far as known,	Presbyterian
6. Date of Admission into Asylum,	16 Dec. 1884
7. Length of time Insane,	undecided - probably about four years
8. Whether first Attack,	—
9. Age (if known) on first Attack,	about twenty four years of age
10. Duration of existing Attack,	—
11. Supposed Cause,	undecided
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	No
14. Whether Dangerous to others,	No
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	—
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Alexander Sguair Roulen Cottage, Inverness. No other member of family ever insane

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Alexander Sguair

Dated this 30th day of March One thousand eight hundred and Eighty five.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Alex Reid Urquhart
being (1) M.D. Univ. Aberdeen
hereby certify that I have this day at (2) Perth Royal Asylum
personally examined Elizabeth Squair at present a
Patient in said Asylum, and with respect to her Mental State that

She is subject to many delusions and is generally weak-minded, with periods of mental excitement. When she speaks to imaginary individuals and complains of their ill treatment of her

; and with respect to her Bodily Health and Condition that they are fairly good

(1) State Medical Qualifications.
(2) Name Asylum.

No. 4921.
Miss Elizabeth Squair
Admitted 31 March 1885

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries

A R Urquhart MD

DATED this 28 day of March One thousand eight hundred and eighty five

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

Application having been made to the Board by (1) Alexander Squair to authorize the transfer of Elizabeth Squair from Murray's Royal Asylum, Perth to Crichton Royal Institution, Dumfries, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Elizabeth Squair as requested.

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

John Sibbald *Commissioner.*

DATED at Edinburgh, this 1st day of April One thousand eight hundred and 85.

Date of Sheriff's Order.

Please fill in date

16 Oct 1884

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries and Galloway and his Substitutes,—

The Petition of John Maxwell, Insp. of Poor. Troqueer,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Ruddick. 24 Market Square Maxwellt.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper. is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Ruddick, to the Southern Counties asylum and to sanction his admission into the said Asylum.

John Maxwell.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Second (4) day of April, One thousand eight hundred and eighty five years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Ruddick
2. Sex and Age,	Male. aged 44 years,
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Poor. Formerly Travelling Draper
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Wigan. England.
7. Place where Found and Examined,	24 Market Square. Maxwelltown.
8. Length of time Insane,	a few days.
9. Whether First Attack,	Supposed first attack.
10. Age (if known) on First Attack,	44 Years.
11. When and where previously under Examination and Treatment,	Never under treatment before.
12. Duration of Existing Attack,	a few days
13. Supposed Cause,	Depression of spirits. through want of work.
14. Whether subject to Epilepsy,	Not that I am aware of.
15. Whether Suicidal,	Same
16. Whether Dangerous to others,	do not think so, seems quiet.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Troqueer in the first instance.
18. Date of becoming Chargeable,	2nd april. 1885.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Father. Christopher Ruddick. Mother Sarah Penritt. both deceased. resided at Colby-Hill. near Carlisle Cumberland.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Second day of April One thousand eight hundred and eighty five years.

(To be signed by Party applying) John Maxwell.
Inspector of the Poor for the Parish of Troqueer.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James ~~Ruddick~~ Hunter Dryden — being a (1) Licentiate of the Royal Colleges of Physicians — and 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) 24 — Market Square, Maxwelltown — in the County of Kirkcudbright — separately from any other Medical Practitioner, visited and personally examined (4) James Ruddick, a pauper — and that the said James Ruddick — is a (5) person of unsound mind — and a proper Person to be detained under Care and Treatment, 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 excitable; he says he hears voices at night, & imagines that there is some one in the room at night. He also accuses his wife of cohabiting with his ~~[illegible]~~ brothers & others in the town.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

His wife informs me that he cannot rest at night, as he imagines that some one comes to the house to annoy him — she also says he accuses her being unfaithful to him.

Name and Medical Designation, } J Hunter Dryden L.R.C.P.

Place of Abode, 39 Castle Street Dr

DATED this second day of April One thousand eight hundred and eighty five years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Cunningham — being a (1) Licentiate of the Royal Colleges of Physicians and Surgeons Edinburgh Md. — and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 24 Market Square Maxwelltown — in the County of Kirkcudbright — separately from any other Medical Practitioner, visited and personally examined (4) James Ruddick, Scotch Drain Traveller, 24 Market Square, Maxwelltown, Pauper and that the said James Ruddick — is a (5) person of unsound mind — and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His facial expression indicates mental disorder. He talks incoherently & imagines that he is still in Wigan.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

I am informed by his wife that he had an apoplectic seizure some short time ago & since then he has been right. He is sleepless.

Name and Medical Designation, } John Cunningham M.D.

Place of Abode 35 Buccleuch Street, Dr

DATED this Second day of April One thousand eight hundred and Eighty five years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight
hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Maxwell, Inspector of Poor, Iroquer, Certificates under the hands of James Hunter Dryden L.R.C.P.&S.E. and John Cunningham M.D. L.R.C.P.&S.E., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Ruddick, 21 Market Square Maxwelltown and that the said James Ruddick, Carpenter is a (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 Ruddick as a Patient into the (6) Public Asylum of Southern Counties, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Ruddick which accompanied the said Petition.

DATED this Third day of April, One thousand eight
hundred and eighty five.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

James Rudnick

Iroqueer

Admitted 4 April 1885

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — ~~of the (2) Shire~~ of Dumfries & Galloway — *and his Substitutes,*—

The Petition of James Brown, Inspector of Poor for the Parish of Sanquhar humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Marion Muir pauper — your Petitioner's (3) pauper — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Marion Muir — to the Southern Counties Asylum, Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Brown Inspector of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 4th (4) day of April One thousand eight hundred and Eighty 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,	Marion Muir.
2. Sex and Age,	F. 51
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Out door worker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Queensberry Square, Sanquhar
7. Place where Found and Examined,	do do
8. Length of time Insane,	a Month
9. Whether First Attack,	No.
10. Age (if known) on First Attack,	32 Years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum. Dumfries
12. Duration of Existing Attack,	a Month
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	apparently not
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Sanquhar
18. Date of becoming Chargeable,	4 April 1885
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	John Muir, Brother, Coal Miner Queensberry Square, Sanquhar No.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 4th day of April One thousand eight hundred and Eighty five

(*To be signed by Party applying*) James Brown
Inspector of Poor for the Parish of Sanquhar

Two queen
Admitted to April 1885

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or 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,
being a (1) Licentiate of the Faculty of
Physicians and Surgeon 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) Lucknow
Square, Sanquhar in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Marion Muir
a pauper and that
the said Marion Muir is a (5) person
of unsound mind and a proper Person to be detained
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 ceased working in house
sits in a dull and melancholy state
muttering that she has brought worry
and what can she do.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Same as above. she is restless, does not
sleep well, and occasionally gets excited
screaming what shall I do. Communicated
by Mrs Patterson.

Name and Medical Designation, Wm Kay, Surgeon

Place of Abode, Sanquhar.

DATED this third day of April One thousand eight
hundred and eighty-five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or 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 Davidson
being a (1) Master of Surgery and Bachelor of
Medicine
and being in actual practice as a (2) Physicians and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Lucknow
Square Sanquhar in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Marion Muir pauper
Lucknow Square Sanquhar and that
the said Marion Muir is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She sits talking
to herself greater part of the day & does not work
as she used to She is dull and melancholy
and declares she is always thinking wrong

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs. Patterson her attendant & her brother
James Muir states. she is sleepless at night
and frequently night and day screams out,
while looking in the kitchen "what is to come of me"
She sometimes eats paper, rags &c

Name and Medical Designation, Archibald Davidson
Master of Surgery

Place of Abode Sanquhar

DATED this third day of April One thousand eight
hundred and eighty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Harris Smith (1) Hon. Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Brown,
Inspector of Poor Langholm
Certificates under the hands of William Reid
and Archibald Davidson, being two Medical Persons
duly qualified in terms of an Act, intitaled "An Act for the Regulation of the Care and Treatment 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 Muir Queensberry Square Langholm and found that the said Marion 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 Muir 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 Marion Muir, which accompanied the said Petition.

DATED this Fourth day of April, One thousand eight hundred and eighty five.

Wm H Smith

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Marion Muir

Sanquhar

Admitted 14 April 1885

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — *of* ~~the~~ (2) Dumfries ~~shire~~ ~~of~~ and Galloway *and his Substitutes,*—

The Petition of John Maxwell, Insp^r of Poor, Troqueer, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Crackston or Jardine, your Petitioner's (3) Pauper. is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Crackston or Jardine, to the Southern Counties Asylum, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Maxwell

DATED this Sixteenth (4) day of April, One thousand eight hundred and eighty five years.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth Crackston or Jardine
2. Sex and Age,	Female. aged 41 years.
3. Married, Single, or Widowed,	Widowed.
4. Condition of Life, and previous Occupation (if any),	Shopkeeper, formerly Joiners wife.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	16 Church Street, Maxwelltown.
7. Place where Found and Examined,	16 Church Street. Maxwelltown.
8. Length of time Insane,	Has been affected about 10 years.
9. Whether First Attack,	First attack, has been quiet until lately
10. Age (if known) on First Attack,	about 31 years.
11. When and where previously under Examination and Treatment,	Never under treatment before.
12. Duration of Existing Attack,	about 10 years.
13. Supposed Cause,	Religion
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	Has threatened her daughter with violence.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Troqueer
18. Date of becoming Chargeable,	16. April. 1885
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Father & mother both deceased. has one daughter. Mary Margaret Jardine. aged 20. resides with mother. — also a sister Mrs Hastings. 28 College St Maxtn.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	had a cousin in the asylum about 6 years ago. named Jane Wells a single woman.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Sixteenth day of April One thousand eight hundred and eighty five

(*To be signed by Party applying*) John Maxwell.
Inspector of the Poor for the Parish of Troqueer.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal College of Physicians Edinburgh and being in actual practice as a (2) general medical practitioner hereby certify, on soul and conscience, that I have this day, at (3) 16 Church Street, Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Crackston or Jardine, a pauper and that the said Elizabeth Crackston or Jardine is a (5) person of unsound mind and a proper Person to be detained 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 restless and excitable & talks incoherently. She says she is annoyed at night by her neighbours who try to prevent her sleeping. She says she has conversations with spirits from the other world

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her sister (Mrs Hastings) says she has threatened violence to her relatives

Name and Medical Designation, J Hunter Dryden LRCP

Place of Abode, 39 Castle Street Dumfries

DATED this 16th day of April One thousand eight hundred and eighty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* 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 Cunninghame being a (1) Licentiate of the Royal College of Physicians & Surgeons Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 16 Church St Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Crackston or Jardine Widow, Pauper and that the said Elizabeth Crackston or Jardine is a (5) person of unsound mind and a proper person to be detained 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 facial expression indicates mental disorder. She is constantly talking about religion & that in an insane manner

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has threatened violence to her daughter & is sleepless expecting the Arch Enemy every minute. Her sister gives this information

Name and Medical Designation, John Cunninghame MD

Place of Abode 35 Breelinch St.

DATED this Sixteenth day of April One thousand eight hundred and Eighty five years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Hunter Dryden being (1) Licentiate of the Royal College of Physicians Edinr hereby certify, on soul and conscience, that I have this day, at (2) 16 Church Street in the County of Kirkcudbright, seen and personally examined Elizabeth Crackston or Jardine, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J Hunter Dryden LRCPE

DATED this 16th day of April One thousand eight hundred and eighty five.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Herries Sharpe, Honorary Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Maxwell Inspector of Poor, Troqueer Certificates under the hands of James Hunter Dryden and John Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Crackston or Jardine (16 Church St Maxwell Ston or Parker) and that the said Elizabeth Crackston or 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 Elizabeth Crackston or Jardine 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 Crackston or Jardine which accompanied the said Petition.

DATED this Eighteenth day of April One thousand eight hundred and eighty five.

W. H. Sharpe

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Elizabeth [illegible]
Jardine.
Troqueer
Admitted 18 April 1885

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

...eriff or Steward, ...re or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Counties *of* Dumfries Shire & Galloway *and his Substitutes,*—

The Petition of John Lowden Inspector of Poor Urr humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ellice Kellochar or Welsh your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Ellice Kellochar or Welsh to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

...ate degree of ...ship or other ...e in which Peti... ...ands to Luna...

John Lowden Inspector

...y date of the ...must be with... ...en clear days ...the dates of ...dical Certifi...

DATED this 23d (4) day of April One thousand eight hundred and 78.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

...istian Name and Surname of Patient at ...ength,	Ellice Kellochar or Welsh
... and Age,	Female. 33.
...ried, Single, or Widowed,	Married
...lition of Life, and previous Occupation (if any),	
...gious Persuasion, so far as known,	Roman Catholic
...ious Place of Abode,	Springholm
...e where Found and Examined,	Springholm
...th of time Insane,	
...ther first Attack,	Yes
... (if known) on first Attack,	
...n and where previously under Examina...n and Treatment,	
...tion of existing Attack,	
...osed Cause,	
...her subject to Epilepsy,	No
...her Suicidal,	
...her Dangerous to others,	Yes
... or Union to which the Lunatic (if a ...uper) is Chargeable,	Urr
...f becoming Chargeable,	
...ian Name and Surname, and Place of ...ode of nearest known Relative of the ...ient, and degree of Relationship (if ...own), and whether any Member of ...ily known to be or to have been In...e,	William Welsh. husband.
...l circumstances (if any) preventing the ...rtion of any of the above particulars,	

...ify, that, to the best of my knowledge, the above particulars are correctly stated.

...D this 23d day of April One thousand eight hundred and 78.

(*To be signed by Party applying*) John Lowden Inspector

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Meggat being a (1) Graduate of Edinburgh Univ[illegible] and being in actual practice as a (2) General Practi[illegible] hereby certify, on soul and conscience, that I have this day, at (3) Spring[illegible] in the [illegible] Kirkcudbright separately from any other Medical Pr[illegible] visited and personally examined (4) Mrs Welsh the said Mrs Welsh is a (5) pers[illegible] of unsound mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Imagin[illegible] person wishes to harm them [illegible] she got poison

2. Other facts (if any) indicating Insanity communicated to me by others (7) Tried to Choke herself [illegible] injure her husband & attend[illegible]

Name and Medical Designation, John Meggat [illegible]

Place of Abode, Kirkpatrick D[illegible]

DATED this twenty second day of April One thou[illegible] hundred and eighty five

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Wm Meddon being a (1) Bachelor of Medicine and [illegible] in Surgery of the University of Edin[illegible] and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Spring[illegible] in the [illegible] Kirkcudbright separately from any other Medical Pr[illegible] visited and personally examined (4) Ellice Kellochar or [illegible] the said Ellice Kellochar or Welsh is a (5) pers[illegible] of unsound mind, and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Has a vacant expression of face and a meaningless stare. Alleges that Dr Mer[illegible] poisoned her,—Cries when spoken to,—Sh[illegible] her fist and stares at it. Beats her ma[illegible]

2. Other Facts (if any) indicating Insanity communicated to me by others (7) Said to be very restless, throwing an[illegible] about she can lay her hands on an[illegible] General conduct is outrageous. Has fr[illegible] threatened to injure many and other[illegible]

Name and Medical Designation, Wm Meddon [illegible]

Place of Abode, Dalbeattie

DATED this 23rd day of April One thou[illegible] hundred and eighty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Bruce Esq (1) Sheriff Substitute
of the (2) bounty 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 Meggat
and William Sneddon , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Ellice Kellocher or Welsh Spinster holden Urr a pauper and that the said
Ellice Kellocher or Welsh is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ellice Kellocher or Welsh as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ellice Kellocher or Welsh which accompanied the said Petition.

DATED this Twenty fourth day of April One thousand eight hundred and eighty five.

James Bruce Hon. S. S.

To the Superintendent of the (7) Public,
Asylum of Southern Counties.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Collee Kellocher or Wash

Wrr.

Admitted 24 April 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (1) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — ~~of the (1) County~~ of Dumfries & Galloway *and his Substitutes,—*

The Petition of Wm Wilson, Inspector of Poor, Holywood

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Rebecca West or Mc Kenzie, ——

(2) State degree of relationship or other parity in which Petitioner stands to Lunatic.

your Petitioner's (2) Pauper ——

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Rebecca West or Mc Kenzie, —— to the D. L. Asylum —— and to sanction her admission into the said Asylum.

Wm Wilson Inspr.

(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 April —— One thousand eight hundred and Eighty five Years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Rebecca West or Mc Kenzie
2. Sex and Age,	Female. 43.
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Seamstress
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	High St Maxwelltown, Dorgues
7. Place where Found and Examined,	High St. Maxwelltown
8. Length of time Insane,	Six Weeks
9. Whether First Attack,	First Attack
10. Age (if known) on First Attack,	43
11. When and where previously under Examination and Treatment,	High Street Maxwelltown
12. Duration of Existing Attack,	Six Weeks
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Holywood
18. Date of becoming Chargeable,	25th April
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Dickson. Maxwelltown.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 27th day of April One thousand eight hundred and Eighty five —

(*To be signed by Party applying*) Wm Wilson Inspr.

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Richard B. Lorraine
being a (1) medical practitioner

and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Rebecca McKenzie (a tenant)
High St. Maxwelltown and that
the said Rebecca McKenzie is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, 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 - does not remember [illegible]
in Asylum although she only came out [illegible]
Ago. says she is getting [illegible] for body [illegible]
on the house

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her brother in law says she has [illegible]
violent wanting out of the house
threatening to strike anyone preventing her

Name and Medical Designation, Richard B. Lorraine M.D.

Place of Abode, 16 Castle St. Dumfries

DATED this twenty sixth day of April One thousand eight
hundred and eighty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 John Collie
being a (1) M.D. of Aberdeen University

and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Rebecca McKenzie a tenant
of High St Maxwelltown and that
the said Rebecca McKenzie is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She tells me she is a Mountain
She has lost her memory
She is Taciturn and has a [illegible]
look

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Robert Waugh who brought her here [illegible]
me that she told him she was not a
being but a mountain.
Her brother in law tells me she has been violent [illegible]
incoherent & [illegible]

Name and Medical Designation, Robert J. Collie M.D.

Place of Abode 37 Castle Street Dumfries

DATED this Twenty sixth day of April One thousand [illegible]
hundred and eighty five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Richard B. Lorraine being (1) a graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle S. Dumfries in the County of Dumfries, seen and personally examined Rebecca McKenzie (a Pauper), and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Richard B. Lorraine

DATED this twenty sixth day of April One thousand eight hundred and eighty five.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) — Sheriff-Substitute, of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Wilson, Inspector of Poor Holywood Certificates under the hands of Richard B. Lorraine and Robert John Collie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Rebecca West or McKenzie, High Street, Maxwelltown (a Pauper) and that the said Rebecca West or McKenzie is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Rebecca West or McKenzie 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 Rebecca West or McKenzie which accompanied the said Petition.

DATED this Twenty ninth day of April One thousand eight hundred and eighty five.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Holywood

Admitted 26 April 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict.*, *Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the County~~ Dumfries Galloway, *and his Substitutes.*—

The Petition of Adam Semple, Inspector of Poor, Glencaim,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Carruthers,

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Carruthers to the Southern County Asylum and to sanction his admission into the said Asylum.

Adam Semple, Inspector of Poor

(4) The date of the petition must be with fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty Sixth (4) day of April One thousand eight hundred and Four Score.

STATEMENT.

If any 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 Carruthers
2. Sex and Age,	41
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Drainer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Minnygryle.
7. Place where Found and Examined,	Moncaine.
8. Length of time Insane,	4 Days
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,	4 Days
13. Supposed Cause,	no Cause
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no Danger
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Glencaim.
18. Date of becoming Chargeable,	26th April 1885
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Janet Davidson Carruthers (wife) Moncaine.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 26th day of April One thousand eight hundred and 85.

(*To be signed by Party applying*) Adam Semple, Insp of Poor

P. p.

Ordered 26 April 1885

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Pickens Muir Muir, — being a (1) Graduate of the University of Glasgow and being in actual practice as a (2) Physician and Surgeon — hereby certify, on soul and conscience, that I have this day, at (3) Moniaive Dumfries — in the County of Dumfries — separately from any other Medical Practitioner visited and personally examined (4) Robert Carruthers — and that the said Robert Carruthers — 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 had a vision from God. through his child ~~[illegible]~~ incoherent statements. Thinks a mission to catch the Dynamitard

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His The rear was of his head, & felt better. himself had fear of Comm injury on his wife & child

Name and Medical Designation, J. P. H. Muir M.C.

Place of Abode, Moniaive

DATED this 26th day of April One thousand eight hundred and Eighty five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Hunter Dryden — being a (1) Licentiate of the Royal colleges of Physicians and Surgeons Edinburgh — and being in actual practice as a (2) physician & surgeon — hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum, Dumfries, — in the County of Dumfries — separately from any other Medical Practitioner visited and personally examined (4) Robert Carruthers, a pauper — and that the said Robert Carruthers — is a (5) person of unsound mind — and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His expression denotes mental disorder, he talks incoherently & says he has had visions from God, & has been appointed by God to track the dynamitard

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) By William Robb, Moniaive, — Carruthers told me to remove his wife & child as he was afraid of killing them.

Name and Medical Designation, J. Hunter Dryden L.R.C.

Place of Abode 39 Castle Street, Dumfries

DATED this twenty eighth day of April — One thousand eight hundred and eighty five years —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, J Hunter Dryden being (1) Licentiate of Royal College of Surgeons Edinr hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined Robert Carruthers, a pauper, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J Hunter Dryden LRCPSE

DATED this twenty eighth day of April One thousand eight hundred and eighty five years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Bruce (1) Honorary Sheriff-Substitute, of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Adam Semple, Inspector of Poor, Glencairn, Certificates under the hands of John Pickett Howie Muir, and James Hunter Dryden, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Carruthers, Drainer, Moniaive, (a Pauper) and that the said Robert Carruthers 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 Robert Carruthers, 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 Robert Carruthers, which accompanied the said Petition.

DATED this Twenty seventh day of April, One thousand eight hundred and eighty five.

James Bruce
Hon. S. S.

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Robert Carruthers

Glencairn

Admitted 27 April 1886.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap. 54, Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — of the (2) Sheriffdom — of Dumfries & Galloway *and his Substitutes,*—

The Petition of John Lawson, Inspector of Poor of Annan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Gass —

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Gass — to the Southern Counties Asylum — and to sanction his admission into the said Asylum.

John Lawson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 13th (4) day of May — One thousand eight hundred and eighty-five years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas Gass
2. Sex and Age,	Male — 28 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	~~Sailor~~ Farm Servant formerly
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Annan —
7. Place where Found and Examined,	do
8. Length of time Insane,	not Known
9. Whether First Attack,	not Known
10. Age (if known) on First Attack,	not Known
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	18 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,	Annan
18. Date of becoming Chargeable,	13th May 1885
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Colin Rae Johnstone St Annan Uncle none.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 13th day of May — One thousand eight hundred and eighty-five years.

(*To be signed by Party applying*)

John Lawson
Insp of Poor Annan

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Daniel MacKenzie being a (1) Bachelor of Medicine & Master in Surgery of Edinburgh University and being in actual practice as a (2) General Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Parochial Board Office, Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas Gass, private soldier and that the said Thomas Gass 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) Indecision of manner & look & general behaviour. Vague answers to ordinary questions.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Irregularity in behaviour, — not amenable to ordinary ~~behaviour~~ discipline, — tendency to suicide

Name and Medical Designation, Daniel MacKenzie

Place of Abode, Church St. Annan

DATED this thirteenth day of May One thousand eight hundred and eighty five 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, Thos Williamson being a (1) Licentiate of Royal Col of Surg of Edin and being in actual practice as a (2) general Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas Gass Soldier and that the said Thos Gass 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 &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) am informed by a comrade that he has attempted Suicide

Name and Medical Designation, Thos Williamson

Place of Abode Church St Annan

DATED this thirteenth day of May One thousand eight hundred and Eighty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, David Mackenzie
being (1) Bachelor of Medicine & Master in Surgery
hereby certify, on soul and conscience, that I have this day, at (2) Annan
in the County of Dumfries, seen and personally examined
Thomas Goss, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

D. Mackenzie M.B. & C.M.

Dated this thirteenth day of May One thousand eight hundred and eighty five years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute,
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) John Lawson
Inspector of Poor Annan
Certificates under the hands of David Mackenzie
and Thomas Williamson, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Goss, Soldier, Annan, (Carrier) and that the said Thomas Goss, is a (5) insane person, a Lunatic,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Goss, 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 Thomas Goss, which accompanied the said Petition.

Dated this Fourteenth day of May, One thousand eight hundred and eighty five.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Annexed
Admitted 13th May 1856

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway

and his Substitutes.

(3) Insert Name and Designation.

The Petition of (3) John Cumming Wine Merchant 409 Parliamentary Road Glasgow.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Isabella Henderson,

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) Sister-in-law, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isabella Henderson to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Colin Cumming

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this Fifteenth (5) day of May One thousand eight hundred and eighty-five years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Isabella Henderson
2. Sex and age,	Female. 23
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Schoolteacher
5. Religious Persuasion, so far as known,	protestant
6. Previous place of abode,	Found at 409 Parliamentary Road. Glasgow.
7. Place where found and examined,	Ascertained at Dumfries
8. Length of time Insane,	more or less for twelve months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	22
11. When and where previously under Examination and treatment,	Crichton Royal Institution from 26 Jan 1885 until 6 May 1885
12. Duration of Existing Attack,	more or less for twelve months.
13. Supposed Cause,	Overstudy.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Has threatened 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 her Family known to be or to have been Insane,	Thomas Henderson Father 20 St Clair St Kirkcaldy. None.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fifteenth day of May One thousand eight hundred and eighty five years.

(To be signed by the Party applying) Colin Cumming

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Inchcarbon - Renf. Calth
2. Character of Education.	Sabbl Teacher
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Reserved.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Industrious Unsettled
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Yes Once one Year Crichton Royal Institution
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	Father - Intemperate
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	Mother - No Disease
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Nothing Known
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	Over Study
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Stretching her Mouth Open Would Have no Conversation with Sleeplessness - Cold feet and Pain in Head - Costiveness Derangement of female Health
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Many Strange - Such as Sewing Small Pieces Pained in Legs
13. What changes have taken place in his bodily symptoms?	Very Clearly
14. Is he dirty, destructive, untidy, or obscene?	No Way
15. Has he threatened or attempted violence to himself? If so, in what way?	Yes - Threatens to
16. Has he threatened or attempted violence to others? If so, in what way?	
17. How long has he been insane?	Over One Year

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, Robert John Collie

being (1) a graduate in medicine of Aberdeen

hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution

in the County of Dumfries, seen and personally examined Isabella Henderson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Robert John Collie M.B.

DATED this Twenty-seventh day of May One thousand eight hundred and Eighty four years

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Robert John Collie
being a (1) Doctor of Medicine of Aberdeen University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Henderson School teacher 20 Sinclair Street Sinclair town Kirkcaldy and that the said Isabella Henderson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6)

(6) *State the Facts.*

Has a dull depressed look Laughs at nothing. Instead of answering questions laughs in a silly way. She is taciturn and cannot carry on a conversation

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Dr. Smith informs me she was an inmate of this institution until within a week ago

Name and Medical Designation, Robert John Collie M.D.

Place of Abode, 37 Castle Street Dumfries

DATED this the fourteenth day of May One thousand eight hundred and eighty five years

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, William Smith Kerr
being a (1) graduate of Glasgow University &c
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution in the County of separately from any other Medical Practitioner, visited and personally examined (4) Isabella Henderson School teacher Kirkcaldy and that the said Isabella Henderson is a (5) lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6)

(6) *State the Facts.*

She is sometimes morose and again excited hysterical laughing — no doubt of her loss of mental balance.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

She tells me she has been a patient here before. Said Dr. Smith she sometimes becomes so excited as to be dangerous.

Name and Medical Designation, W. S. Kerr M.D. &c

Place of Abode, Dumfries

DATED this 16th day of May. One thousand eight hundred and 85

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSIO[illegible]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, William Young Henries Sholl Hony (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Colin Cummin[illegible] Wine Merchant, 409 Parliamentary Road, Glasgow[illegible] Certificates under the hands of Robert John Collie and William Smith Kerr, being two Medical Perso[illegible] duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care a[illegible] Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Luna[illegible] Asylums in Scotland," setting forth that they had separately visited and examined [illegible] Isabella Henderson, School Teacher, Kirkcaldy (Pitus sister in law) and that the s[illegible] Isabella Henderson 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 [illegible] receive the said Isabella Henderson as a Patient into t[illegible] Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the s[illegible] Medical Certificates, and a Statement regarding the said Isabella Henderson which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Sixteenth day of May One thousand eig[illegible] hundred and eighty five years.

[illegible]

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Isabella Henderson

Date of Admission, 14th May 1885

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — *of the* (2) Dumfries ~~Shire~~ ~~of~~ and Galloway, *and his Substitutes,*—

The Petition of Mr Gencham, Inspector of Poor, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Johnstone, — your Petitioner's (3) Pauper — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Johnstone — to the S. D. Asylum Dfr. — and to sanction His admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

Mr Gencham Inspector of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 15th (4) day of May — One thousand eight hundred and 85 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,	Robert Johnstone
Sex and Age,	Male.
Married, Single, or Widowed,	Married 32 years
Condition of Life, and previous Occupation (if any),	~~Ploughman~~ Ploughman
Religious Persuasion, so far as known,	~~Protestant~~ Protestant
Previous Place of Abode,	Smallholm Smallholm
Place where Found and Examined,	~~Do~~ Do
Length of time Insane,	~~4 weeks~~ 4 weeks
Whether First Attack,	Yes 32 years —
Age (if known) on First Attack,	
When and where previously under Examination and Treatment,	—
Duration of Existing Attack,	~~a few Days~~ a few Days
Supposed Cause,	—
Whether subject to Epilepsy,	—
Whether Suicidal,	—
Whether Dangerous to others,	Yes Yes
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
Date of becoming Chargeable,	~~15th May 1885~~ 15th May 1885
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	~~Margaret Johnstone~~ Margaret Johnstone Wife Dwg
Special circumstances (if any) preventing the insertion of any of the above particulars,	~~None~~ None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this ~~15~~ 15th day of May ~~May~~ One thousand eight hundred and 85

(*To be signed by Party applying*) ~~Mr Gencham~~

Mr Gencham Inspr of Poor

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Reid
being a (1) Graduate in Medicine of Glasgow University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Smallholm Lochmaben in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Robert Johnstone, pauper. Smallholm, Lochmaben 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) He is excited and talking in a wild manner. Says that people are all laughing at him, that strange men are constantly coming after his wife, some people are charging him with theft, forgery etc all of which are delusions

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife says that he does not rest at night and is getting up and going out. is constantly hearing footsteps in other noises, has nailed up his chest for fear of being charged with theft, all of which are delusions

Name and Medical Designation, Thomas Reid M.C.

Place of Abode, Lochmaben

DATED this 14th day of May One thousand eight hundred and eighty-five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith
being a (1) Graduate in Medicine of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Robert Johnstone, Farm Smallholm Lochmaben, pauper and that the said Robert Johnstone 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His insane excited appearance & rambling speech. Tells me that he is continually annoyed with the people about him, some charging him with theft. others making noises in his house at night

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr. McGeachan informs me that his [illegible] times very excited & unmanageable without [illegible] cause

Name and Medical Designation, John Smith M.C.

Place of Abode 14 Castle St Dumfries

DATED this 15th day of May One thousand eight hundred and eighty five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope (1) Sheriff-Substitute,
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Alexander McGeachan Inspector of Poor Lochmaben,
Certificates under the hands of Thomas Reid
and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Johnstone, Farm Servant, Smallholm Lochmaben (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 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 Johnstone, which accompanied the said Petition.

DATED this Fifteenth day of May, One thousand eight hundred and eighty five.

David Boyle Stope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Lochmaben.
Admitted 15th May 1885

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) Dumfries & Galloway ~~of Kirkcudbright~~ *and his Substitutes,—*

The Petition of William Sproat

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Phillips your Petitioner's (*) pauper. is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Ann Phillips to the Southern Counties Asylum, Dumfries, and to sanction her admission into the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) William Sproat

DATED this fifteenth (*) day of May One thousand eight hundred and eighty five years

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Ann Phillips
2. Sex and Age,	Female. 52 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Housekeeper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	House of Brother. Bridge of Dee
7. Place where Found and Examined,	do do.
8. Length of time Insane,	about a fortnight
9. Whether First Attack,	yes.
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	
12. Duration of Existing Attack,	about a fortnight
13. Supposed Cause,	none
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Balmaghie parish
18. Date of becoming Chargeable,	15th May 1885
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thomas Phillips. Bridge of Dee Brother. no member of family previously insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this fifteenth day of May One thousand eight hundred and eighty five years

(To be signed by the Party applying) William Sproat

P. p.

MEDICAL CERTIFICATE, No. 1.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Wilson being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Bridge of Dee Parish of Balmaghit in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Ann Philips and that the said Ann Philips is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

She has a vacant look, is melancholy, looks surprised when asked a question and seems to have a difficulty in understanding what is said to her — says people are watching her & threatening to shoot her

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her brother says she fancies people are coming into the house to steal from or murder her, that she has gone to bed or slept for a fortnight & paces up & down the house at night.

Name and Medical Designation, John Wilson M.D. & C.M.

Place of Abode, Castle Douglas

DATED this fifteenth day of May One thousand eight hundred and eighty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Walter Lorraine being a (1) Graduate of Edin University and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Bridge of Dee Parish of Balmaghie in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Ann Philips Pauper and that the said Ann Philips is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 melancholy and depressed scarcely answering question [illegible] & seemingly preoccupied & with difficulty taking notice of what is required of her

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Her brother says that she has not gone to bed for a fortnight & sleeps hardly any. She is under delusions - hearing sung people they are not

Name and Medical Designation, Walter Lorraine M.D.

Place of Abode Castle Douglas

DATED this 15th day of May One thousand eight hundred and 85

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

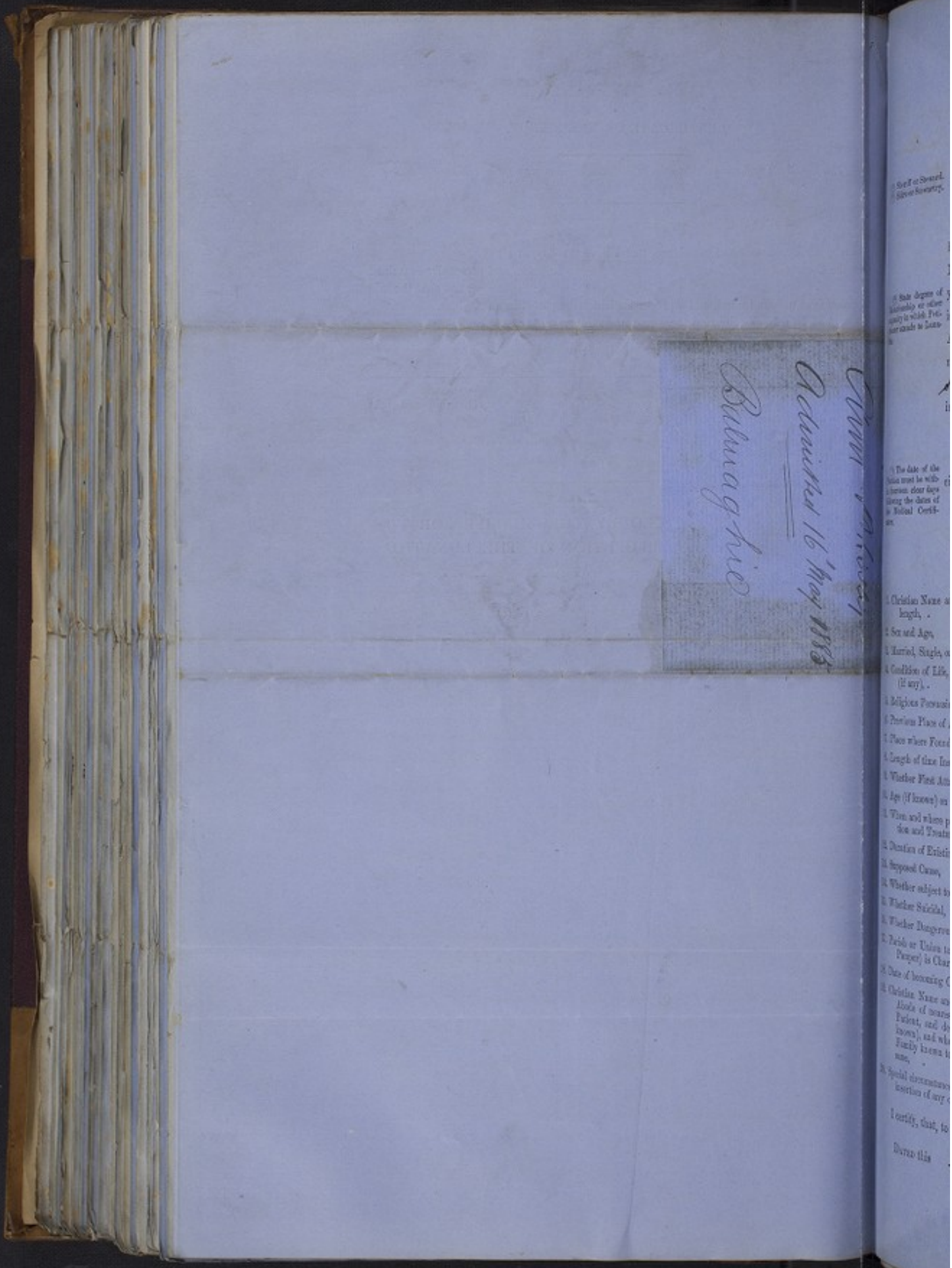
I, Alexander Nicolson Jr. (1) Sheriff Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) William Spivat Certificates under the hands of John Nivison and Walter Lorraine, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Ann Phillips, Pauper and that the said Ann Phillips is a (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 Phillips as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ann Phillips which accompanied the said Petition.

DATED this fifteenth day of May One thousand eight hundred and eighty five

Alex. Nicolson

To the Superintendent of the (7) Southern Counties *Asylum of* Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.



N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Sheriff-dom *of* Dumfries & Galloway *and his Substitutes,—*

The Petition of John Lawson Insp of Poor of Annan, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Reid in Dixon — your Petitioner's (3) Pauper — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Reid in Dixon to the Southern Counties Asylum — and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Lawson Insp of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 20th (4) day of May — One thousand eight hundred and eighty five years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Agnes Reid in Dixon
2. Sex and Age,	Female — 33 years.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Labourers wife previously Farm Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Cresa —
7. Place where Found and Examined,	Cresa. Annan
8. Length of time Insane,	10 days
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	10 days
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Annan Parish
18. Date of becoming Chargeable,	19th May 1885
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Dixon Cresa Annan, Husband Mother rather disposed to Insanity
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 20th day of May One thousand eight hundred and 85 years

(*To be signed by Party applying*) John Lawson
Insp of Poor of Annan

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Daniel MacKenzie being a (1) Bachelor of Medicine & Master in Surgery of Edinburgh University and being in actual practice as a (2) General Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Creca Near Annan, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes Reid or Dixon, Labourer's wife and that the said Agnes Reid or Dixon 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) Vague look & manner; delusions about her position & circumstances; She imagines she is going to be hanged.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

She wanders outside the house in terror, undressed, neglects her usual household duties

Name and Medical Designation, D. MacKenzie MB.

Place of Abode, Church Place, Annan

DATED this Nineteenth day of May. — One thousand eight hundred and eighty five 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, Wm Williamson L.R.C.S. being a (1) Licentiate of the Royal Col of Surgeons and being in actual practice as a (2) general Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Annan in Church Place there in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes Reid or Dixon wife of James Dixon Labourer Creca and that the said Agnes Reid or Dixon is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Vacant, cadaverously frightened appearance

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) and told by a neighbour that She labours under the delusion that her mother is waiting for her at Creca although her mother is dead there

Name and Medical Designation, Wm Williamson L.R.C.S.

Place of Abode Annan

DATED this 20th day of May. One thousand eight hundred and Eighty five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Daniel MacKenzie being (1) Bachelor of Medicine & Master in Surgery of Edinr. Univ: hereby certify, on soul and conscience, that I have this day, at (2) Creca in the County of Dumfries, seen and personally examined Agnes Reid or Dixon, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

D. MacKenzie, M.B. & C.M.

DATED this Nineteenth day of May One thousand eight hundred and eighty five years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) ~~Daniel Mackenzie~~ John Lawson, Inspector of Poor, of Annan Certificates under the hands of Daniel Mackenzie and Thomas Williamson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Reid or Dixon Creca Annan (a pauper) and that the said Agnes Reid or Dixon, 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 Agnes Reid or Dixon as a Patient into the (6) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Reid or Dixon, which accompanied the said Petition.

DATED this Twentieth day of May One thousand eight hundred and eighty five

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries.

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Agnes Reid to Reid

Annan

Admitted 20 May 1885.

Agnes Reid a Minor

35 & 36 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway —
— *and his Substitutes,*—

(3) Insert Name and Designation.

The Petition of (3) John Clervaux Chaytor — Landowner, Croft near Darlington —
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Charles Chaytor, —

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) Son —
is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Charles Chaytor — to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

J. C. Chaytor

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 22nd (5) day of May — One thousand eight hundred and Eighty 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,	Charles Chaytor
2. Sex and age,	Male 36
3. Married, Single, or Widowed,	single
4. Condition of Life and previous Occupation (if any),	in Merchant Service last situation held was that of an Engineer
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	travelling from place to place
7. Place where found and examined,	found at Croft examined at Dumfries
8. Length of time Insane,	several years
9. Whether First Attack,	yes
0. Age (if known) on First Attack,	not known
1. When and where previously under Examination and treatment,	Croft
2. Duration of Existing Attack,	not known
3. Supposed Cause,	hardly can say
4. Whether subject to Epilepsy,	no
5. Whether Suicidal,	no
6. Whether Dangerous to others,	no possibly
7. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
Date of becoming Chargeable,	
8. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Clervaux Chaytor Croft Father
9. 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 20th day of May One thousand eight hundred and Eighty five

(To be signed by the Party applying) J. C. Chaytor

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Croft
2. Character of Education,	private & grammar school
3. Is the natural disposition cheerful or melancholy—reserved or frank,	rather reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	varying
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	been queer from time to time
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	2 great uncles rather odd [illegible]
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	2 brothers diphtheria One low fever [illegible]
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	supposed that a fall [illegible] brain when 4 yr old might have [illegible]
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	him
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	can't say
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	sleeplessness occurs sometimes
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	no particular change
13. What changes have taken place in his bodily symptoms?	can't say
14. Is he dirty, destructive, untidy, or obscene?	no
15. Has he threatened or attempted violence to himself? If so, in what way?	no
16. Has he threatened or attempted violence to others? If so, in what way?	vague threats to me
17. How long has he been insane?	can't say

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, Richard B. Lorraine being (1) Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Crichton Inst. in the County of Dumfries, seen and personally examined Charles Chaytor, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Richard B. Lorraine

DATED this twenty first day of May One thousand eight hundred and eighty five

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, William Chitterlow
being a (1) M.B. Edin. and L.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) Croft
on Tees & 12 Darlington in the County of
York— separately from any other Medical Practitioner,
visited and personally examined (4) Charles Chaytor and that
the said Charles Chaytor is a (5) person of
unsound mind. and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6)

(6) *State the Facts.*

He has wandered about from place to place for two years past
Suffering and quarrelling with every body — He says the Almighty
speaks and has good conscious powers. He has stopped for months —
violent tendency — He accuses me of having taken Mrs Wyld's dog from him which
2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Mr John C. Chaytor his father.
He accused his father & threatened him with Electrical powers — Husband & Wife
Mother and threatened to stop from his father) says he is the Almighty
carries a revolver — Says there is to be an Earthquake — Has walked
about all night: is very violent at times.

Name and Medical Designation, William Chitterlow. M.D. L.R.C.S. Edin.

Place of Abode, Haworth on Tees. Darlington

DATED this 20th day of May One thousand eight
hundred and Eighty-five.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Stephen Eley Piper
being a (1) Fellow 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) Croft
in the County of York
visited and personally examined (4) Charles Chaytor separately from any other Medical Practitioner,
the said Charles Chaytor is a (5) person of and that
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6)

(6) *State the Facts.*

He has a wild excited look then appears despondent
about, rocks, does not come to my questions
suddenly got off his chair & left the room during my presence.
2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

His father says he has threatened to murder him with the poker
that he imagines that he (Chas Chaytor) is the Almighty God — and
that he would not travel by rail as he would be burned up the
lines on fire

Name and Medical Designation, S. E. Piper F.R.C.S.Ed

Place of Abode, Darlington

DATED this 28th day of May One thousand eight
hundred and eighty five

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, (1)
of the (2)
having had produced to me, with a Petition at the instance of (3)

Certificates under the hands of
and , being two Medical Pers
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care
Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lun
Asylums in Scotland," setting forth that they had separately visited and examined
and that the s

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

is a (5)

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you
receive the said as a Patient into
Crichton Royal Institution for the Insane at Dumfries, and I authorize
Transmission to the said Asylum accordingly; and I transmit you herewith the
Medical Certificates, and a Statement regarding the said
which accompanied the said Petition.

DATED this day of One thousand eig
hundred and

.....

To the Medical Superintendent of the
Crichton Royal Institution, Dumfries.

Name, ...

Date of Admission, ...

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Richard B Lorraine
being a (1) Graduate of Edinburgh University

and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day at (3) Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Charles Chaytor

and that the said Charles Chaytor is a (5) person of unsound mind and a proper person to be detained 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 delusions thinks he is the Almighty and his father is the devil - says the attendant who brought him has got £5000 for stealing him away here

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the Facts.*
(7) *State the Information, and from whom derived.*

Name and Medical Designation, Richard B. Lorraine M.B.C.M.

Place of Abode, 16 Castle St. Dumfries

DATED this twenty first day of May One thousand eight hundred and eighty five

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MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Hunter Dryden
being a (1) Licentiate of the Royal College of Surgeons and 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) the Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Charles Chaytor

and that the said Charles Chaytor is a (5) person of unsound mind and a proper Person to be detained 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 restless, excitable thinks delusions. He says his father sother relatives have frequently tried to poison him &—

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) *State the Facts.*
(7) *State the Information, and from whom derived.*

Name and Medical Designation, J Hunter Dryden M.R.C.P.&S.E.

Place of Abode, 39 Castle Street Dfs

DATED this twenty second day of May One thousand eight hundred and eighty five years

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(*) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(†) State whether a County or Stewartry.
(‡) Insert Name and Designation.

I, David Boyle Hope — (*) Sheriff Substitute, of the (†) County of Dumfries, having had produced to me, with a Petition at the instance of (‡) John Clerk Chaytor Landowner, Croft near Darlington Certificates under the hands of Richard B. Lorraine, ——— and James Hunter Dryden ———, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (§) Charles Chaytor, Croft aforesaid Petitioners Son and that the said Charles Chaytor, ——— is a (§) person of unsound mind ———

(§) Describe the Patient, and if a Pauper, state so.

(§) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Charles Chaytor ——— as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize his ——— Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Charles Chaytor which accompanied the said Petition.

DATED this Twenty second day of May ——— One thousand eight hundred and eighty five.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Charles Chaytor

Date of Admission, 24th May 1885

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — *of the* (2) Sheriffdom of Dumfries & Galloway, *and his Substitutes,*—

The Petition of John Lawson Inspector of Poor of Annan,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Gardner or Adamson — your Petitioner's (3) Pauper — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Sarah Gardner or Adamson to the Southern Counties Asylum — and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Lawson Insp. of Poor Annan

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 22nd — (4) day of May — One thousand eight hundred and eighty five years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Sarah Gardner or Adamson
2. Sex and Age,	Female — 63 years
3. Married, Single, or Widowed,	Widow —
4. Condition of Life, and previous Occupation (if any),	formerly Painters Wife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	D. Co Asylum
7. Place where Found and Examined,	Parkmire Dumfries
8. Length of time Insane,	22 years
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	not Known
11. When and where previously under Examination and Treatment,	in D. Co. Asylum
12. Duration of existing Attack,	3 or 4 days
13. Supposed Cause,	not Known
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,	Annan
18. Date of becoming Chargeable,	5th May 1851
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Adamson Painter Eskmeton (Son) not Known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 22nd day of May One thousand eight hundred and eighty five years

(*To be signed by Party applying*) John Lawson Insp of Poor Annan

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 & any 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) Poorhouse Dumfries in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Sarah Gardiner or Adamson a pauper and the said Sarah Gardiner or Adamson 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 seems quite incomprehensible as to the meaning of any question stated that there is a sore mouth or thrown between herself and

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The attendant in the ward stated the same as above and that she [illegible] [illegible]

Name and Medical Designation, W. Marshall M.D.

Place of Abode, 27 Buccleuch Street Dumfries

DATED this 20 day of May One thousand eight hundred and eighty five 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 Smith being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Poorhouse Dumfries in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Sarah Gardiner or Adamson a pauper and the said Sarah Gardiner or Adamson is a (5) person of unsound mind and a proper person to be detained 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 unseen appearance & rambling incoherency of speech cannot answer simple questions

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Robertson informs me that she is very restless & sleeps very little & that she is continually annoying the other inmates

Name and Medical Designation, John Smith M.D.

Place of Abode, 14 Castle St.

DATED this 20th day of May One thousand eight hundred and 85 years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute,
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) John Lawson, Inspector of Poor, Annan
Certificates under the hands of William Marshall,
and John Smith, , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Sarah Gardiner or Adamson, Poor House Dumfries (Lapauper) and that the said Sarah Gardiner or Adamson 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 Sarah Gardiner or Adamson, as a Patient into the (6) Public Asylum of Southern Counties and I authorize you Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Sarah Gardiner or Adamson, which accompanied the said Petition.

DATED this Twenty third day of May One thousand eight hundred and eighty five.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Sarah Gardiner or
Adamson
Amau.
Admitted 23 May 1885

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of (2)

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) William Docherty, Railway Surfaceman, Leightown Tinwald humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Mary Rome or Docherty, your Petitioner's (4) wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Rome or Docherty, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

William Docherty

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this twenty third (5) day of May, — One thousand eight hundred and eighty four 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 Rome or Docherty
2. Sex and age,	Female 47 years
3. Married, Single, or Widowed,	Married
4. Condition of Life and previous Occupation (if any),	House wife
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	Leightown, Tinwald
7. Place where found and examined,	Found Do. = Exd. at Dumfries.
8. Length of time Insane,	About two years
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	about 45 years
11. When and where previously under Examination and treatment,	
12. Duration of Existing Attack,	about 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,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Docherty, Leightown, Tinwald (Husband) An Aunt by her Mother's side —
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this day of One thousand eight hundred and

(To be signed by the Party applying) William Docherty

Sarah Gardner or Adamson

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Templand Lochmaben
2. Character of Education,	Ordinary
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	~~Yes~~ No
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	an aunt is a patient here
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	Mother died of Diabetes
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	
9. Was there any immediate cause of the attack that directly brought it on, e.g., mental shock, childbirth, &c.?	
10. What were the first symptoms of mental derangement observed, e.g., alteration of conduct or disposition, elevation, depression, fancies, &c.?	Hallucinations Delusions about seeing soldiers and hearing shots
11. Were there any bodily symptoms present at first, e.g., want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	Neuralgia. Sleeplessness.
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Increasing childishness
13. What changes have taken place in his bodily symptoms?	Emaciation for a time. but he gained flesh lately.
14. Is he dirty, destructive, untidy, or obscene?	No
15. Has he threatened or attempted violence to himself? If so, in what way?	No
16. Has he threatened or attempted violence to others? If so, in what way?	No
17. How long has he been insane?	About two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, Hugh Cunningham being (1) Licentiate of the Royal College of Physicians in Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) 25 Castle Street, Dumfries in the County of Dumfries, seen and personally examined Mary Rorne or Docherty, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Hugh Cunningham L.R.C.P.Edin.

DATED this twenty third day of May One thousand eight hundred and eighty five years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Hugh Cunningham being a (1) Licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons in 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) 25 Castle Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Rome or Docherty, Housewife, Leightown, Tinwald and that the said Mary Rome or Docherty is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) She has a demented appearance in the Countenance, and when questioned cries in a childish manner.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Hugh Cunningham L.R.C.P.Ed in &c

Place of Abode, 25 Castle Street, Dumfries

DATED this twenty third day of May — One thousand eight hundred and eighty five years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, John Cunningham being a (1) Licentiate of the Royal College of Physicians & Surgeons, Edinburgh, and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 25 Castle Street, Dumfries, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Rome or Docherty House wife, Leightown, Tinwald, and that the said Mary Rome or Docherty is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) Her facial expression indicates mental disorder, She is incoherent in her speech

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, John Cunningham M.Wch

Place of Abode, 35 Buccleuch St. Dumfries

DATED this Twenty third day of May — One thousand eight hundred and eighty five years.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) William Dockerty Railway Surfaceman Leightown Tinwald — Certificates under the hands of Hugh Cunningham, and John Cunningham, — , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Rome or Dockerty Leightown Tinwald (Peter's wife) and that the said Mary Rome or Dockerty, — is a (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 Rome or ~~Carry~~ Dockerty — as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Rome or Dockerty which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DAYED this Twenty fifth — day of May — One thousand eight hundred and eighty five —

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Mary Rome or Dockerty

Date of Admission, 23 May 1885

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries, ~~Dumfriesshire~~, Galloway *and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) Maggie McQueen or Urie, residing at North Dumlanrig Strut Thornhill, Dumfriesshire humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that John Kennedy Urie, your Petitioner's (4) Husband, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Kennedy Urie, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

Maggie McQueen Urie

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 26th (5) day of May — One thousand eight hundred and Eighty 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,	John Kennedy Urie
2. Sex and age,	Male, Forty two,
3. Married, Single, or Widowed,	Married
4. Condition of Life and previous Occupation (if any),	Upholsterer,
5. Religious Persuasion, so far as known,	Presbyterian,
6. Previous place of abode,	Glasgow
7. Place where found and examined,	Thornhill, Dumfriesshire.
8. Length of time Insane,	Ten days
9. Whether First Attack,	Second
10. Age (if known) on First Attack,	Same as above (42)
11. When and where previously under Examination and treatment,	Thornhill, Crichton Royal Institute,
12. Duration of Existing Attack,	Ten days
13. Supposed Cause,	Know none,
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Jane Urie or Johnstone, 95 Stran St. Low Walker, Newcastle on Tyne, Sister. No.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 26th day of May — One thousand eight hundred and Eighty five.

(To be signed by the Party applying) Maggie McQueen Urie

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Barony Parish, Glasgow.
2. Character of Education,	Ordinary for Social position
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady and industrious, very.
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Yes. Once, Religious Melancholy [illegible] as now. about 4 months. Cricht[illegible]
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	None
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	Unaware. Both dead One Brother died a Child. Three [illegible] all alive.
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Depression, Desire of Charge,
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	No,
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	
13. What changes have taken place in his bodily symptoms?	
14. Is he dirty, destructive, untidy, or obscene?	No
15. Has he threatened or attempted violence to himself? If so, in what way?	No
16. Has he threatened or attempted violence to others? If so, in what way?	No
17. How long has he been insane?	Ten days.—

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, John Oath Reddie M.B., C.M. being (1) a Bachelor of Medicine & Master in Surgery of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) Thornhill in the County of Dumfries, seen and personally examined John Kennedy Urie, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Oath Reddie M.B. C.M.

DATED this 26th day of May One thousand eight hundred and eighty five.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, John Oatts Reddie, being a (1) Bachelor of Medicine & Master in Surgery, of Glasgow University, and being in actual practice as a (2) Physician & surgeon hereby certify, on soul and conscience, that I have this day at (3) North Dumlaurig street Thornhill in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Kennedy Urie, of North Dumlaurig St. Thornhill, Upholsterer and that the said John K. Urie is a (5) an insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) irregularity in behaviour, personal neglect, & mental insufficiency

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, John Oatts Reddie M.B., C.M.

Place of Abode, Thornhill

DATED this 26th day of May One thousand eight hundred and eighty five

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, John Smith, being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Kennedy Urie, Upholsterer, North Dumlaurig St. Thornhill and that the said John Kennedy Urie is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) His insane appearance & imperfect mental powers. Cannot converse or answer simple questions.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His brother-in-law Mr. James Gray informs me that since he left the Asylum fortnight ago, he wandered from home & was found with much difficulty

(7) *State the Information, and from whom derived.*

Name and Medical Designation, John Smith M.D. &c.

Place of Abode, 14 Castle St. Dumfries

DATED this 26th day of May One thousand eight hundred and eighty five

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope — (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Maggie M[illegible] or Urie North Drumlanrig Street Thornhill Certificates under the hands of John Watts Reddie ~~M.B. C.M.~~ and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined John Kennedy Urie Upholsterer North Drumlanrig Thornhill ~~Petitioner's Husband~~ and that the said John Kennedy Urie is (4) an insane person, a person of unsound mind,

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Kennedy Urie, as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Kennedy Urie which accompanied the said Petition.

DATED this Twenty eighth day of May, One thousand eight hundred and eighty five.

David Boyle Hope

To the Medical Superintendent of the ~~Crichton~~ Royal Institution, Dumfries.

Name, John McConnachie Urie

Date of Admission, 26th May 1885

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward, Shire or Stewartry.

Unto the Honourable the (1) Sherif of the Dumfries and Galloway *and his Substitutes,*—

The Petition of George Drysdale Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Burnie your Petitioner's (2) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Burnie to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(2) State degree of relationship or other affinity in which Petitioner stands to Lunatic.

George Drysdale Insp. of Poor Parish of Whithorn

DATED this Twenty seventh (3) day of May One thousand eight hundred and eighty five

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jane Burnie
2. Sex and Age,	49
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Not known
6. Previous Place of Abode,	Southern Counties asylum
7. Place where Found and Examined,	Combination Poor House Stranraer
8. Length of time Insane,	was removed to S. C. Asylum 12 Sept 1865
9. Whether First Attack,	No
10. Age (if known) on First Attack,	28
11. When and where previously under Examination and Treatment,	Southern Counties asylum
12. Duration of Existing Attack,	since 1865.
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	
16. Whether Dangerous to others,	appear so from Medical certificates
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Whithorn Parish
18. Date of becoming Chargeable,	August 1864
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Burnie her Stepmother residing at 143 High Street Dumfries.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty seventh day of May One thousand eight hundred and eighty five

(*To be signed by Party applying*) George Drysdale

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Easton being a (1) Bachelor of Medicine and Master of Surg of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) The Combina Poorhouse Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Jane Burnie, a pauper in Poorhouse and that the said ~~Poorhouse~~ Jane 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Talked very incoherently & excitedly
Stated Quasher son & my brother wasn't for

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

- The female attendant in the wards states that at times becomes very outrageous & dangerous to the other inmates She ~~[illegible]~~ shouts out & sings & disturbs the other inmates during the night.

Name and Medical Designation, Thomas Easton M.B.

Place of Abode, Hanover House Stran

DATED this 21st day of May One thousand eight hundred and eighty five —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Hutchison ~~M.D.~~ being a (1) Doctor of Medicine of Glasgow Univ and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) ~~21~~ The Combination Poorhouse Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Jane Burnie a pauper in the poorhouse and that the said Jane 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Carries on excited arguments with the pa on the wall.
Said I was the Lord Jesus Christ & incoherently about the Apostles &c.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Becomes very obstreperous at night & attempts to beat the other inmates

Name and Medical Designation, J. Hutchison M.D.

Place of Abode 16 King St Stran

DATED this 21st day of May One thousand eight hundred and eighty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Doig Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) George Drysdale Inspector of Poor Whithorn
Certificates under the hands of Thomas Easton MB & CM. Stranraer
and James Hutchison MD Stranraer, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Jane Burnie a Pauper and that the said
Jane Burnie is a (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 Burnie 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 which accompanied the said Petition.

DATED this twenty seventh day of May One thousand eight hundred and eighty five

John Doig

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Admitted 25th May 1855

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (1) County~~ *of* Dumfries ~~Galloway~~ *and his Substitutes,*—

The Petition of Jane Byers Corrie Shanks Lockerbie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Byers, Teacher, Dunoon your Petitioner's (2) brother, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Byers to the Crichton Institution, Dumfries, and to sanction his admission into the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

Jane Byers

DATED this twenty eighth (4) day of May — One thousand eight hundred and eighty five.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Robert Byers
2. Sex and Age,	Male.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Head Teacher Dunoon public School
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Elgin and Lockerbie
7. Place where Found and Examined,	Dunoon
8. Length of time Insane,	Three 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,	Three days.
13. Supposed Cause,	~~Sto~~ Anxiety of mind regarding Annual Examination
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Jumped thro' window in low flat
16. Whether Dangerous to others,	Yes if not properly watched
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Elizabeth Byers or Moffat wife of John Moffat Postman Lockerbie Sisters Jane Byers Corrie Shanks Lockerbie Paternal Grandmother Subject to melancholy in advanced years but always remained at home
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty eighth day of May — One thousand eight hundred and eighty five.

(*To be signed by Party applying*) Jane Byers

P. p.

Admitted 25th May 1885

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Gemmel
being a (1) Doctor of Medicine & Surgeon
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Rahoul
School House — Dunoon in the County of
Argyll separately from any other Medical Practitioner,
visited and personally examined (4) Robert Byers, Teacher
Dunoon and the said Robert Byers is a (5) person
of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Sudden change of manner & may manifestly perpetrated bad effect & his actions — shutting out prayer & addressing the Almighty incoherently — Refusal to partake of food & remedies —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
William Nelson, a neighbour who has taken him in hand during present illness states that he has been noticed talked to frantically & on Wed last School took charge of

Name and Medical Designation, J. Gemmel, M.D.

Place of Abode, Dunoon

Dated this twenty eighth day of May 28th day of May One thousand eight hundred and eighty five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, *or* a person of unsound mind.

I, the undersigned, James Wallace
being a (1) Grad. in Med. of the Univ. of
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) School House, Dunoon in the County of
Argyll separately from any other Medical Practitioner,
visited and personally examined (4) Robert Byers,
Teacher Dunoon and the said Robert Byers is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Complete incoherence, stubbornness in refusing to do as desired, appearance following imaginary objects, &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Wife & Housekeeper, Mrs Ryder & Study he has been [illegible] restraint —

Name and Medical Designation, James Wallace, M.D.

Place of Abode, Kilmun, Loch Long

Dated this twenty-seventh day of May One thousand eight hundred and eighty-five —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Gemmel being (1) Doctor of Medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) National School Dunoon in the County of Argyll, seen and personally examined Robert Byers, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J. Gemmel M.D. C.M. &c

DATED this Twenty day of May One thousand eight hundred and eighty five

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Jane Byers, Corrie Shanks, Lockerbie Certificates under the hands of James Gemmel and James Wallace, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Byers, Teacher, Dunoon (Petrs. Brother) and that the said Robert Byers is a (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 Byers, as a Patient into the (6) Public Asylum of Crichton 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 Robert Byers, which accompanied the said Petition.

DATED this Twenty ninth day of May, One thousand eight hundred and eighty five.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 4738

Robert Byers.

Admitted 28th May 1885.

25 & 26 Vict., Cap. 54, Sect. 13.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) ~~Kirkcudbright~~ Dumfries
Galloway *and his Substitutes,*

(3) Insert Name and Designation.

The Petition of (3) William Laurie Inspector of Poor Wells
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Agnes Paterson

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) Pauper
is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Paterson to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 27th (5) day of May One thousand eight hundred and eighty five

William Laurie Inspector of Poor

STATEMENT.

If any 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 Paterson
2. Sex and age,	Female 86 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life and previous Occupation (if any),	
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	New Abbey
7. Place where found and examined,	[illegible]
8. Length of time Insane,	about 2 weeks
9. Whether First Attack,	No
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 4 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 Wells
18. Date of becoming Chargeable,	Parish since 1846
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thomas Paterson Ashburton Canterbury New Zealand Son Not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 27th day of May One thousand eight hundred and eighty five

(To be signed by the Party applying) William Laurie Inspector of Poor

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, — Yorkshire of Fleet
2. Character of Education, — Good
3. Is the natural disposition cheerful or melancholy—reserved or frank, — Cheerful
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? — Steady
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? — Yes Twice before Southern Counties Asylum Deaf
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? — None
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? — Not known
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? — No
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? — None
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? — Insomnia
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? — Want of appetite and sleeplessness
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? —
13. What changes have taken place in his bodily symptoms? — Getting weaker
14. Is he dirty, destructive, untidy, or obscene? — Neither
15. Has he threatened or attempted violence to himself? If so, in what way? — No
16. Has he threatened or attempted violence to others? If so, in what way? — No
17. How long has he been insane? — about 2 weeks

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

.....

DATED this day of One thousand eight hundred and

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

, the undersigned, David Arthur
ing a (1) Bachelor of Medicine and Master of Surgery
of the University of Glasgow
d being in actual practice as a (2) Physician and Surgeon
reby certify, on soul and conscience, that I have this day at (3)
New Galloway
in the County of Kirkcudbrightshire separately from any other Medical Practitioner,
ited and personally examined (4) Agnes Paterson, Pauper,
New Galloway
and that
said Agnes Paterson is a (5) Lunatic
and a proper person to be detained
der Care and Treatment, and that I have formed this opinion upon the following
unds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6)
He would like to kill a Mrs Barber
Refuses to take food

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, David Arthur Lmb. C.M.

Place of Abode, New Galloway

DATED this twenty sixth day of May One thousand eight
dred and eighty five

MEDICAL CERTIFICATE.—No. II.

I the undersigned, Lindsay Frederick Dickson M.B. L.R.C.S.E.
ng a (1) Graduate of the University of St. Andrews
and Member of the Royal College of Surgeons of England
am being in actual practice as a (2) Physician & Surgeon
reby certify, on soul and conscience, that I have this day, at (3)
New Galloway
in the County of Kirkcudbrightshire separately from any other Medical Practitioner,
ited and personally examined (4) Agnes Paterson, Pauper
and that
the said Agnes Paterson is a (5) Lunatic
and a proper Person to be detained
nder Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) Says she is going to be married tomorrow morning - Is constantly talking about the devil. Keeps fragments of food in her bed #

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

She is said to refuse to eat her food, but will not allow it to be taken away. Habitually uses violent language.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Lindsay F. Dickson M.B. M.R.C.S.E

Place of Abode, New Galloway

DATED this 27th day of May One thousand eight
hundred and eighty five.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, Robert Macartney Sudm. Esqre. Sheriff Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) William Craig Certificates under the hands of David Arthur and Lindsay H. 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) Agnes Paterson, a Pauper and that the said Agnes Paterson is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Paterson as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Paterson which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twentyeighth day of May One thousand eight hundred and eighty five

Robt Gordon S S

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Agnes Patterson

Date of Admission, 29th May 1885

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of (2)

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) James Treddel – Draper &c, Greenock

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Mary Elizabeth Treddel

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) 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 Mary Elizabeth Treddel to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

James Treddel

(5) The date of the Petition must be within four-ten clear days following the dates of the Medical Certificate.

DATED this 28th (5) day of May One thousand eight hundred and eighty five

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Mary Elizabeth Treddel
Sex and age,	Female 24
Married, Single, or Widowed,	unmarried
Condition of Life and previous Occupation (if any),	no occupation
Religious Persuasion, so far as known,	protestant
Previous place of abode,	—
Place where found and examined,	Greenock
Length of time Insane,	about twelve months
Whether First Attack,	Yes
1 Age (if known) on First Attack,	Twenty five
1 When and where previously under Examination and treatment,	—
12 Duration of Existing Attack,	about 12 months
13 Supposed Cause,	Inflammation of the membranes of the Brain
14 Whether subject to Epilepsy,	no
15 Whether Suicidal,	no
16 Whether Dangerous to others,	no
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18 Date of becoming Chargeable,	—
19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	— none
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 28th day of May One thousand eight hundred and eighty five

(To be signed by the Party applying) James Treddel

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Gourock.
2. Character of Education,	Public & Boarding School.
3. Is the natural disposition cheerful or melancholy—reserved or frank,	reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	yes Steady and industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	about twelve months
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	Her mother died of Disease of the Heart. her brother died of Phthisis
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Alteration of Conduct and fancies
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	want of appetite, Sleeplessness & pain in head
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	
13. What changes have taken place in his bodily symptoms?	bodily health quite good
14. Is he dirty, destructive, untidy, or obscene?	no
15. Has he threatened or attempted violence to himself? * If so, in what way?	no
16. Has he threatened or attempted violence to others? If so, in what way?	no
17. How long has he been insane?	about twelve months

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned,

being (1)

hereby certify, on soul and conscience, that I have this day, at (2)

in the County of , seen and personally examined

, and that the said

person is of unsound mind, and a proper Patient to be placed in an Asylum. *

And I further certify that the case of the said person is one of Emergency.

.....

DATED this day of One thousand eight hundred and

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, William Johnstone Marshall being a (1) Licentiate of the Royal College of Surgeons Edinburgh & Holding the Diploma of Doctor of Medicine from the University of Edinburgh and being in actual practice as a (2) Physician in Greenock hereby certify, on soul and conscience, that I have this day at (3) No 99 Dunlop Street Greenock in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Mary Elizabeth Tweddel Spinster residing at 99 Dunlop Street and that the said Mary Elizabeth Tweddel is a (5) Person of unsound mind 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) Incoherent in her conversation, raving at intervals without apparent reason threatening violent rage about her father & other persons

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Stales that for two months past or each of Monday's last summer she has appeared both to become less rational & talkative, that wanders about the town in an aimless manner forgets her name & place of abode, that she cannot manage the house or do any work of any kind

(7) *State the Information, and from whom derived.*

Name and Medical Designation, W. Marshall M.D. & L.R.C.S.Ed

Place of Abode, 8 Argyll Square Greenock

DATED this 28 day of May One thousand eight hundred and eighty five.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Wallace being a (1) Grad. in Medy. of the Univ. of 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.
(2) Physician or Surgeon, or otherwise, as the case may be.
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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 being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) No 99 Dunlop St. Greenock in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Mary Elizabeth Tweddel Spinster and that the said Mary Elizabeth Tweddel is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Generally incoherent & delusive, believing that her father Mr McDonald Writer, are being robbed by Mr Colin Caird & others &c

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her father states that she has become rather excited & violent, disposed to wander in the night time, uses bad language, unfit to take care of herself.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, James Wallace M.D.

Place of Abode, 16 Union St. Greenock

DATED this twenty-eighth day of May One thousand eight hundred and eighty-five.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, Harry Smith Esquire Advocate Sheriff Substitute of (2) Renfrew and Bute having had produced to me with a Petition at the instance of (3) Jame Tweddel, Draper &c, Greenock Certificates under the hands of William Johnston Marshall and James Wallace, both Physicians Greenock being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined Mary Elizabeth Tweddel and that the said Mary Elizabeth Tweddel is a (4) person of unsound mind

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Elizabeth Tweddel as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Elizabeth Tweddel which accompanied the said Petition.

DATED this twenty ninth day of May One thousand eight hundred and eighty five

Harry Smith

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Mary E. Tweddel.

Date of Admission, 29th May 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff* *of Dumfries* ~~of the (2) Stewartry of Galloway~~, — *and his Substitutes,*—

The Petition of John Rule, Inspector of Poor, Parish of Hawick, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Samuel Skilling, an orphan, chargeable to the Parish

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) of Roxburgh, but resident at Hawick and under my charge is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Samuel Skilling, ——— to the Southern Counties Asylum, at Dumfries, and to sanction his admission into the said Asylum.

(To be signed by the Party applying) John Rule, Inspector of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Thirtieth (4) day of May ——— One thousand eight hundred and Eighty four years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Samuel Skilling
2. Sex and Age,	Male — 13 years
3. Married, Single, or Widowed,	youth
4. Condition of Life, and previous Occupation (if any),	Orphan — Pauper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	4 Tannage Close, Hawick
7. Place where Found and Examined,	4 Tannage Close, Hawick
8. Length of time Insane,	A few days
9. Whether First Attack,	Had a former attack of Chorea recently and was then insane
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	—
12. Duration of Existing Attack,	A few days
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Has been threatening to injure himself
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Roxburgh
18. Date of becoming Chargeable,	6 March 1883
19. Christian Name 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,	Aunt — Agnes Skilling, 4 Tannage Close, Hawick No
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Thirtieth day of May ——— One thousand eight hundred and

(To be signed by the Party applying) John Rule, Inspector

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Donald McLeod — being a (1) Surgeon — and being in actual practice as a (2) Surgeon in Hawick do hereby certify, on soul and conscience, that I have this day, at (3) No four Tannage Close Hawick in the County of Roxburgh — separately from any other Medical Practitioner, visited and personally examined (4) Samuel Skilling and that the said Samuel Skilling is a (5) boy of unsound mind — and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is in a state of very great excitement, incoherent and quite unmanageable, has produced a severe attack of Chorea

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Agnes Skilling his aunt declines the possibility of having him in the house, he tries to get out by the window

Name and Medical Designation, } Donald McLeod

Place of Abode, Hawick

DATED this thirteenth day of May One thousand eight hundred and eighty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Brydon — being a (1) Doctor of Medicine & Surgeon and being in actual practice as a (2) General Medical practitioner do hereby certify, on soul and conscience, that I have this day, at (3) number Tannage close Hawick in the County of Roxburgh — separately from any other Medical Practitioner, visited and personally examined (4) Samuel Skilling and that the said Samuel Skilling — 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 talks perfectly incoherently; is fishing in a small jug for [illegible] & is altogether insane.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) [illegible] aunt, Mrs Hendry, states that he [illegible] come quite unmanageable, & knows [illegible] what he is doing

Name and Medical Designation, } James Brydon M[illegible]

Place of Abode four Sandbed Hawick

DATED this thirteenth day of May One thousand eight hundred and eighty five —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Donald McLeod being (1) Surgeon in Hawick hereby certify, on soul and conscience, that I have this day, at (2) four tenings close Hawick in the County of Roxburgh, seen and personally examined Samuel Skilling Pauper and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Donald McLeod

DATED this thirtieth day of May One thousand eight hundred and eighty five

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute of the (2) Shire County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Rule, Inspector of Poor, Parish of Hawick, Certificates under the hands of Donald McLeod, Surgeon, Hawick and James Brydon, Doctor of Medicine & Surgeon, Hawick, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Skilling, (Pauper) 1/4 Tannage Close Hawick and that the said Samuel Skilling, is a (5) boy of unsound mind, a lunatic, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Samuel Skilling 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 Samuel Skilling which accompanied the said Petition.

DATED this First day of June One thousand eight hundred and eighty five.

David Boyle Hope

To the Superintendent of the (7) Southern Counties *Asylum of* Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Samuel [illegible]

Admitted 30th May 1885

Parish of Corstorphine

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Dumfries and ~~of~~ Galloway and his Substitutes.

The Petition of John Maxwell, Insp.r of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Jardine or Telford your Petitioner's (3) charge or pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Jardine or Telford to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Maxwell

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this First (4) day of June One thousand eight hundred and eighty four 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 Jardine or Telford
2. Sex and Age,	Female. about 60 years
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Housewife. formerly Domestic Servant
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Supposed to be Liverpool
7. Place where Found and Examined,	7 Wellgate Terrace. Maxwelltown,
8. Length of time Insane,	Not known —
9. Whether First Attack,	thought to be first
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	not known to have been Insane before
12. Duration of Existing Attack,	not known.
13. Supposed Cause,	not known.
14. Whether subject to Epilepsy,	not known
15. Whether Suicidal,	not known.
16. Whether Dangerous to others,	Yes to her child,
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Troqueer in first place,
18. Date of becoming Chargeable,	1st June, 1883.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Telford Mother in Law. resides in Irish Street. Dumfries. none of the family known to be Insane before.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this First day of June — One thousand eight hundred and eighty five years.

(*To be signed by Party applying*) John Maxwell. Insp.r of Poor of the Parish of Troqueer.

Returned 30th May 1885.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal College of Surgeons & Physicians Edinburgh and being in actual practice as a (2) general medical practitioner hereby certify, on soul and conscience, that I have this day, at (3) 7 Willdale Terrace, Maxwelltown, Trogneer in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Margaret Jardine or Telford, a pauper and that the said Margaret Jardine or Telford is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is violent & maniacal, she talks incoherently & endeavours to injure herself.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) By her cousin she has tried to throw herself out of the window; & has used violence to her neighbours.

Name and Medical Designation, J Hunter Dryden Rec

Place of Abode, 39 Castle Street, Dum

DATED this first day of June One thousand eight hundred and eighty five years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Cunningham being a (1) Licentiate of the Royal Colleges of Physicians & Surgeons Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Southern Co[illegible] Asylum, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Jardine or Telford 7 Willdale Terrace, Maxwelltown, Dumfries and that the said Margaret Jardine or Telford is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 high state of incoherency & is very excited in her manner. Her facial expression indicates mental disorder in a marked degree.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She endeavoured to jump over the window & at times was violent towards her neighbours & threatened to injure them.

Name and Medical Designation, John Cunningham Med Ch

Place of Abode 2nd June / 35 Buccleuch St

DATED this Second day of June One thousand eight hundred and eighty five Years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Hunter Dryden being (1) Licentiate of the Royal College of Physicians Edinr hereby certify, on soul and conscience, that I have this day, at (2) 7 Welldale Terrace in the County of Kirkcudbright, seen and personally examined Margaret Jardine or Telford, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J Hunter Dryden M.C.P.

DATED this first day of June One thousand eight hundred and eighty five years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Maxwell Inspector of Poor, Proqueer, Certificates under the hands of James Hunter Dryden, and John Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Jardine or Telford, 7 Welldale Terrace Maxwell and that the said Margaret Jardine or Telford, is a (5) person of unsound mind (Known a pauper) and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Jardine or Telford, as a Patient into the (6) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Jardine or Telford, which accompanied the said Petition.

DATED this Second day of June, One thousand eight hundred and eighty five.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Souther Counties

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

4742

Margaret Jardine a Telford

Admitted June 1st 1885

Troqueer

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) County~~ of Dumfries ~~Galloway~~ *and his Substitutes,*—

The Petition of John Smith, Inspector of poor Kirkmichael humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Learmont, North Park, Carlaverock your Petitioner's (3) pauper, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Learmont to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

John Smith

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 6th (4) day of June One thousand eight hundred and eighty-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,	John Learmont
2. Sex and Age,	Male. 69 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,	North Park, Carlaverock
7. Place where Found and Examined,	North Park. Carlaverock
8. Length of time Insane,	4 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,	4 weeks
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkmichael
18. Date of becoming Chargeable,	6th June 1885
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Jas. Smith daughter North Park, Carlaverock no other member of family known to be insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 6th day of June One thousand eight hundred and eighty-five

(*To be signed by Party applying*) John Smith

P p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Reid being a (1) Graduate in Medicine of Glasgow Univ and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) North Park Carlaverwell in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Learmont Pauper North Park, Carlaverwell and that the said John Learmont is a (5) person of unsound mind and a proper person to be desired under Care and Treatment, 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 was smashing at a railing and breaking it all, and could not be advised to desist. He ran away and stormed greatly when interfered with. He is in a rambling incoherent way and has delusions as to his surrounding

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His son John says that he could not be kept in bed at night and would be out when he was interfered with he got hold of a saw and threatened life. His daughter Margaret says she cannot manage him in any way and that he attempted her life with a spade to-day.

Name and Medical Designation, Thomas Reid M.D.

Place of Abode, Lochmaben

DATED this 6th day of June One thousand eight hundred and eighty-five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Dall MacDonald being a (1) Graduate of Edinburgh Univ and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) North Park Carlaverwick in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Learmont Pauper North Park, Carlaverwick and that the said John Learmont is a (5) person of unsound mind and a proper person to be desired under Care and Treatment, 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 found him restless and rambling about the whole night he could not remain in one place at all he told me his farmer was in hell before he died also that he was [illegible] of money which is quite a delusion. he is very sleep [illegible] destructive

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His son and daughter tell me that he [illegible] not sleep and wanders about chopping up [illegible] & ports & everything he can lay hands on he is [illegible] dangerous to any one asking him to desist

Name and Medical Designation, A D MacDonald

Place of Abode, 18 Castle St Dum

DATED this 6th day of June One thousand eight hundred and eighty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Thomas Reid
being (1) a Graduate in Medicine of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) North Park Carlanwell
in the County of Dumfries, seen and personally examined
John Learmont, North Park, Carlanwell and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Thomas Reid MD

DATED this 6th day of June One thousand eight hundred and eighty-five

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) John Smith,
Inspector of Poor, Kirkmichael
Certificates under the hands of Thomas Reid,
and Alexander Dall MacDonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
John Learmont, North Park, Carlaverock (a pauper) and that the said
John Learmont, is a (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 Learmont, 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 Learmont, which accompanied the said Petition.

DATED this Eighth day of June, One thousand eight hundred and eighty five years.

Ed H Shorthouse

To the Superintendent of the (7) Public
Asylum of Southern 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, Parochial, or Private.
(7) Public, District, Parochial, or Private.

John Kearmons,

Kirkmichael.

Admitted 6 June 1885

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (1) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the~~ Shire of Dumfries ~~Kirkcudbright~~ *and his Substitutes,*

The Petition of John Carruthers Shepherd Beattock Farm Kirkpatrick Durham

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Carruthers

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (2) 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 Carruthers to the Southern Counties Asylum, and to sanction her admission into the said Asylum.

John Carruthers

(3) The date of the Order must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 8th (3) day of June One thousand eight hundred and eighty 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,	Mary Carruthers
2. Sex and Age,	Female. 43
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Dressmaker
5. Religious Persuasion, so far as known,	Protestant Free Church
6. Previous Place of Abode,	Durban Place. Moffat
7. Place where Found and Examined,	Durban Place. Moffat
8. Length of time Insane,	about ten days
9. Whether First Attack,	No
10. Age (if known) on First Attack,	35
11. When and where previously under Examination and Treatment,	8 years ago. Southern Counties Asylum Dumfries
12. Duration of Existing Attack,	about ten days
13. Supposed Cause,	Death of her Mother
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	/
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Carruthers Shepherd Beattock Farm Kirkpatrick Durham Brother
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 8th day of June One thousand eight hundred and eighty five

(*To be signed by Party applying*)

John Carruthers

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Munro
being a (1) Member of the Royal College of Physicians
& Licentiate of the Royal College of Surgeons Edr
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 1 Burbank
Mill Road. Moffat
Dumfries in the County of
separately from any other Medical Practitioner
visited and personally examined (4) Mary Carruthers
and that
the said Mary 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)
That the Devil was possessing her. That she
was lost and could not be saved. That every
man was Satan. Devil. Rambling
Talking incoherently

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
That the Devil had got hold of her, that she
was lost. That a young man was the devil
and rambling in an incoherent manner. That
not at night. By Brother & Sister

Name and Medical Designation, James Munro M.D.

Place of Abode, Moffat

DATED this 8th day of June One thousand eight
hundred and eighty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or 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 Maccall
being a (1) Doctor of Medicine & Master of
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 1 Burbank
Well Road Moffat, in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Mary Carruthers
and that
the said Mary 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)
Constant fears that the devil has got hold
of her and that she won't be saved. That
seem to occupy her mind exclusively

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
none

Name and Medical Designation, Tho. Maccall, M.D.

Place of Abode Moffat

DATED this 8th day of June One thousand eight
hundred and eighty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Munro
being (1) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (2) 1 Durban Place Moffat
in the County of Dumfries, seen and personally examined
Mary Carruthers, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Munro. M.D. L.R.C.S. Edin.

DATED this 8th day of June One thousand eight hundred and eighty five

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

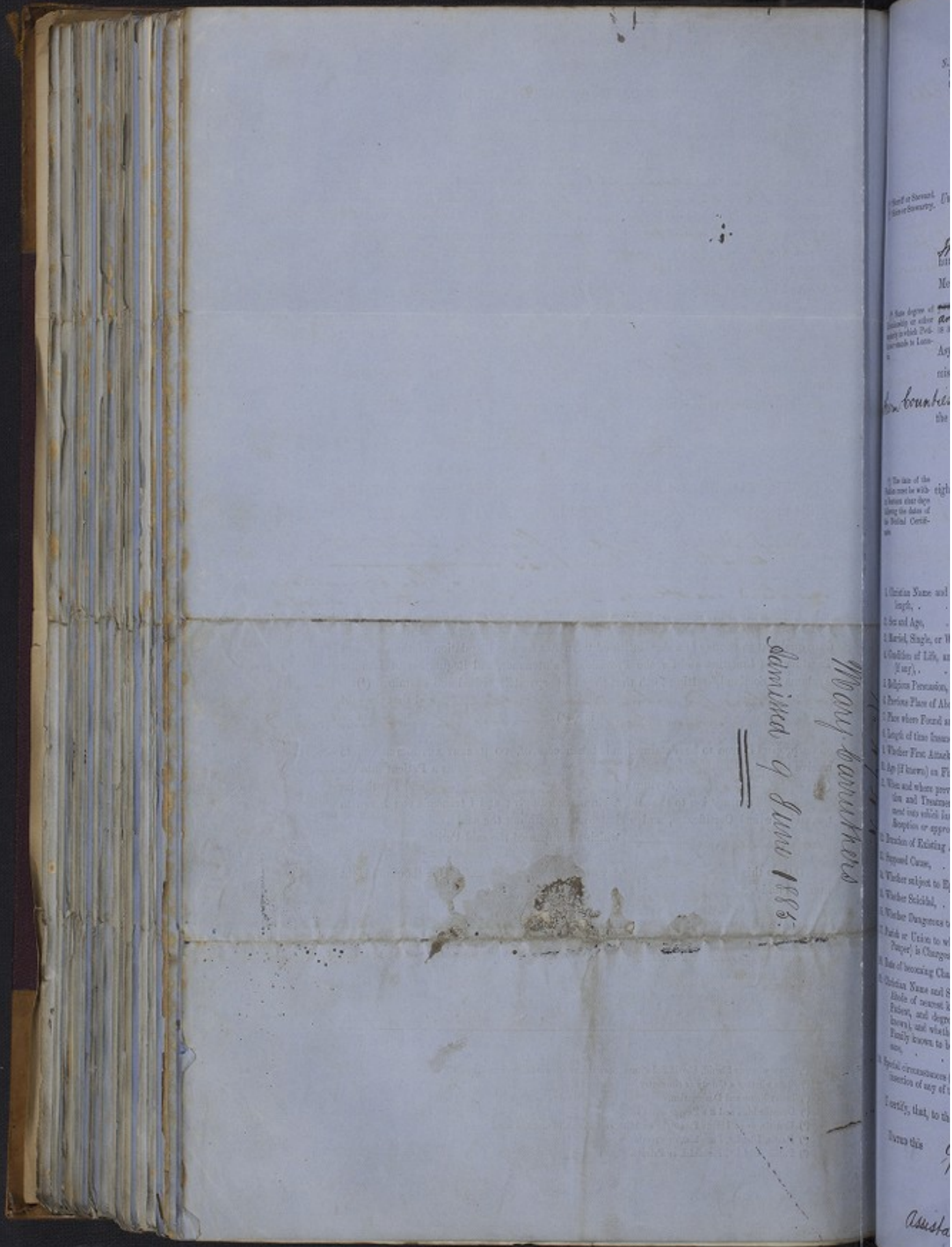
I, David Boyle Hope (1) Sheriff-Substitute,
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Carruthers Shepherd, Beattock Farm Kirkpatrick Juxta,
Certificates under the hands of James Munro
and Thomas Maccall, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Carruthers, 1 Durban Place Moffat (Peter Tider) and that the said Mary 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 Mary Carruthers as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Carruthers which accompanied the said Petition.

DATED this Ninth day of June, One thousand eight hundred and eighty five.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.


Mary Connors
Admitted 9 June 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]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) County of Lanark *and his Substitutes,*—

The Petition of William Joward, Assistant Inspector of Poor City Parish of Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Jane Wilkinson Leithead, Pauper residing at 15 Whitevale Street Glasgow and presently chargeable to the City Parish of Glasgow is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Jane Wilkinson Leithead to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) William Joward

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 9th (*) day of June One thousand eight hundred and 85

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Jane Wilkinson Leithead
2. Sex and Age,	Female 29 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Millworker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	15 Whitevale Street Glasgow
7. Place where Found and Examined,	318 Parliamentary Road & City Parochial asylum Glasgow
8. Length of time Insane,	a few ddys
9. Whether First Attack,	no
10. Age (if known) on First Attack,	27 years
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	In City Parochial Asylum in 1882 and 1884
12. Duration of Existing Attack,	a few 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,	Parish of Dumfries
18. Date of becoming Chargeable,	9th June 1885
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	no Relatives known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 9th day of June One thousand eight hundred and 85

(To be signed by the Party applying) William Joward

P. p.
Assistant Inspector of Poor City Parish of Glasgow

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Buchan M B. C.M.,
being a (1) Graduate in Medicine of Glasgow Univers
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 318
Parliamentary Road. Glasgow in the County of
Lanark separately from any other Medical Practitioner,
visited and personally examined (4) Mary Jane Wilkinson
Leithead, Pauper late of 15 Whitevale St and that
the said Mary Jane Wilkinson Leithead is a (5) person
of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has Delusions
thinks she is Mary Queen of Scots, she
hears people whispering to her & sees
waving on her & hears bells ringing
(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
(she also thinks there is a man in the
inside kicking her &c)

Name and Medical Designation, Geo Buchan M.D.
Place of Abode, House, Lowis Hospital

DATED this 9th day of June. One thousand eight
hundred and 85

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alex Robertson
being a (1) Graduate in Medicine of Glasgow
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) the Cot
Parochial asylum Glasgow in the County of
Lanark separately from any other Medical Practitioner,
visited and personally examined (4) Mary Jane Wilkinson Leit
pauper, late of 15 Whitevale St Glasgow and that
the said Mary Jane Wilkinson Leithead 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) Says she is the
Queen sometimes; is absent, confused and
bewildered.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Corroborated by Helen Watson,
attendant in
asylum

Name and Medical Designation, Alex Robertson
Place of Abode 16 Newton Terrace

DATED this 9 day of June One thousand eight
hundred and 85

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Davidson Balfour (1) Sheriff Substitute
of the (2) County of Lanark
having had produced to me, with a Petition at the instance of (3) William Toward Assistant Inspector of Poor City Parish Glasgow
Certificates under the hands of Geo Buchan
and Alex 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 Jane Wilkinson Leithhead, 15 Whitevale Street Glasgow and that the said Mary Jane Wilkinson Leithhead 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 Mary Jane Wilkinson Leithhead as a Patient into the (6) Southern Counties Asylum of Dumfries for lunatics 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 Jane Wilkinson Leithhead which accompanied the said Petition.

DATED this tenth day of June One thousand eight hundred and eighty five

D D Balfour

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Dumfries

Admitted 10 June 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Dumfries and Galloway *and his Substitutes.*

The Petition of George Drysdale Inspector of Poor Whithorn humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ellen McCutcheon, Pauper your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Ellen McCutcheon to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

George Drysdale Inspector of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this fifth (4) day of June One thousand eight hundred and eighty five

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Ellen McCutcheon
2. Sex and Age,	18 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	No occupation
5. Religious Persuasion, so far as known,	~~Calvinist~~ none
6. Previous Place of Abode,	Whithorn
7. Place where Found and Examined,	Whithorn
8. Length of time Insane,	has always been weak minded
9. Whether First Attack,	— —
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	Whithorn
12. Duration of Existing Attack,	—
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	yes
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Whithorn
18. Date of becoming Chargeable,	1st June 1885
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Hugh McCutcheon her Grandfather residing in Whithorn
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this fifth day of June One thousand eight hundred and eighty five.

(*To be signed by Party applying*) George Drysdale
Inspector of Poor

Admitted to Dumfries 1st June 1885

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Charles Douglas being a (1) Doctor of Medicine of Glasgow University & Licentiate of the Royal College of Surgeons of Edinb and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Free Church Whithorn, in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Helen McCutcheon, Ron Whithorn and that the said Helen McCutcheon is a (5) idiot and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Vacant stare restless, laughs immoderately at nothing, cannot answer a question, in fact cannot comprehend one - can do no work, never wen pub on her own clothes

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Helen Hawkins or McCutcheon her grandmother says she was always subject to epileptic fits never could learn anything; can speak, but no sense in what she says -

Name and Medical Designation, John C. Douglas M.D.

Place of Abode, St. Ninians, Whithorn

DATED this First day of June One thousand eight hundred and eighty five years -

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Robert Dobie being a (1) Bachelor of Medicine and Master Surgery of Edinburgh University and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Free Church Whithorn, in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Helen McCutcheon, Church Ron and that the said Helen McCutcheon is a (5) idiot and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is very [illegible] has a stupid, fatuous look, purposeless in her movements - gives no heed to any [illegible] addressed to her, and laughs without [illegible] she cannot, at this time, perform any domestic [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Thomas McCreekan, residing in Free Church Ron, says she will sit & strike two stones on each other for a long time & on the slightest [illegible] will throw them at Children passing -

Name and Medical Designation, John Robert Dobie MB

Place of Abode Main Street, Whithorn

DATED this Third day of June One thousand eight hundred and eighty five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Mackie Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) George Drysdale Inspector of Poor Whithorn
Certificates under the hands of John Charles Douglas M.D. Whithorn
and John Robert Dobie M.B.C.M. Whithorn, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Ellen McCutcheon, Pauper and that the said
Ellen McCutcheon is a (5) idiot
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ellen McCutcheon 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 Ellen McCutcheon which accompanied the said Petition.

DATED this fifth day of June One thousand eight hundred and eighty five

Wm Mackie

To the Superintendent of the (7) Southern Counties Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Ellen M. Whitehorn.

Whithorn.

Admitted 11 June 1885

35 & 36 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway
——— *and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) David Rapley, Farmer, ———
Shelton-Lorton. Cockermouth
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Constance Mary Rapley, ———

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) wife, ———
is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Constance Mary Rapley, — to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

David Rapley

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this Twelfth (5) day of June, — One thousand eight hundred and Eighty 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,	Constance Mary Rapley
2. Sex and age,	Female, 29 years.
3. Married, Single, or Widowed,	Married
4. Condition of Life and previous Occupation (if any),	Wife of Farmer.
5. Religious Persuasion, so far as known,	Protestant (Church of England)
6. Previous place of abode,	Shelton Lorton.
7. Place where found and examined,	———
8. Length of time Insane,	2 months
9. Whether First Attack,	No
10. Age (if known) on First Attack,	28 years.
11. When and where previously under Examination and treatment,	at home
12. Duration of Existing Attack,	2 months
13. Supposed Cause,	Childbirth
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	———
18. Date of becoming Chargeable,	———
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Jearon Cockermouth Mother.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eleventh day of June, One thousand eight hundred and Eighty five —

(To be signed by the Party applying) David Rapley

Admitted 11 June 1885

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? - -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane? - - - -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, Robert John Collie ——— being (1) Doctor of Medicine of Aberdeen University hereby certify, on soul and conscience, that I have this day, at (2) the Royal Crichton in the County of Dumfries ———, seen and personally examined Mary Rapley ———, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Robert John Collie

DATED this the eleventh day of June — One thousand eight hundred ~~hundred~~ and eighty five.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Robert John Collie —
being a (1) Doctor of Medicine of the University of Aberdeen
and being in actual practice as a (2) Physician & Surgeon —
hereby certify, on soul and conscience, that I have this day at (3) The Royal Crighton Institution Dumfries — in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Mrs Constance Mary Rapley farmers wife of Stratton Torton Cockermouth and that the said Mrs Constance Mary Rapley — is a (5) person of unsound mind — and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6)

(6) *State the Facts.*

She is very taciturn & refuses to speak except short expressions such as "I am I" she is very restless and refuses to eat. She will not answer questions, and has a wild unsettled look & moves about in bed in an aimless way

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Robert John Collie M.D.

Place of Abode, 37 Castle Street Dumfries

DATED this the Eleventh day of June One thousand eight hundred and Eighty five.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Thomas Ferguson —
being a (1) Graduate of Edin. University (FMBC)
and being in actual practice as a (2) General practitioner —
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution — in the County of Dumfries — separately from any other Medical Practitioner, visited and personally examined (4) Constance Mary Rapley — and that the said Constance Mary Rapley — is a (5) person of unsound mind — and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6)

(6) *State the Facts.*

She is restless & constantly moving from place to place — fingering every thing she sees.
She is disinclined to speak & shews no interest in any questions asked about her baby or her other friends.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

By her Attendant — That she has been under treatment before for some mental disturbance. That since admission she has required to be constantly looked after to prevent her rushing about & tearing her clothes.

Name and Medical Designation, Thomas Ferguson

Place of Abode, 32 Castle St Dumfries

DATED this twelfth day of June, One thousand eight hundred and eighty five —

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSIO
AND RECEPTION OF THE LUNATIC

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope — (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) David Ripley
Farmer Shallon Lorton Cockermouth
Certificates under the hands of Robert John Cullie,
and Thomas Ferguson, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and
Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic
Asylums in Scotland," setting forth that they had separately visited and examined
Constance Mary Ripley Shallon Lorton Cockermouth
and that the said

(4) Describe the Patient, and if a Pauper, state so.

Constance Mary Ripley, is a (5) person of unsound

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to
receive the said Constance Mary Ripley, as a Patient into the
Crichton Royal Institution for the Insane at Dumfries, and I authorize her
Transmission to the said Asylum accordingly; and I transmit you herewith the said
Medical Certificates, and a Statement regarding the said Constance Mary Ripley
which accompanied the said Petition.

DATED this Twelfth day of June, One thousand eight
hundred and eighty five.

David Boyle Hope

To the Medical Superintendent of the
Crichton Royal Institution, Dumfries.

Name, Constance Mary Ripley

Date of Admission, 11 June 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward, Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) County~~
of Dumfries & Galloway *and his Substitutes,*—

The Petition of Adam Semple, Inspector of Poor, Glencairn,
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Mc Turk,
your Petitioner's (3) Pauper,
is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isabella Mc Turk, to the Southern County Asylum, and to sanction her admission into the said Asylum.

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

Adam Semple

DATED this Ninth (4) day of June, One thousand eight hundred and Eighty-five year.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Isabella Mc Turk
2. Sex and Age,	Female 26 year
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	House-servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Moniaive
7. Place where Found and Examined,	Moniaive
8. Length of time Insane,	Six weeks
9. Whether First Attack,	Second
10. Age (if known) on First Attack,	22 year
11. When and where previously under Examination and Treatment,	Southern County Asylum
12. Duration of Existing Attack,	Six weeks
13. Supposed Cause,	no cause
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	a tendency
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Glencairn
18. Date of becoming Chargeable,	9th June 1885
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Mc Turk, Mother - Moniaive - no member of the family known to be insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Ninth day of June, One thousand eight hundred and Eighty-five year.

(*To be signed by Party applying*) Adam Semple

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 P. H. Muir
being a (1) Graduate of the University of Glasgow
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Moniaive in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella McTurk and that the said Isabella McTurk 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 so [illegible] of this world. That she thinks of committing suicide, fancy there is judgement on her. & that [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) By her Mother, jumped out of bed & [illegible] to cut her throat.

Name and Medical Designation, J. P. H. Muir

Place of Abode, Moniaive

DATED this 9th day of June One thousand eight hundred and Eighty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 M. Robertson
being a (1) Bachelor of Medicine of the University of Glasgow & Licentiate of Surgery of the Royal College of Surgeons
and being in actual practice as a (2) Physician & Surgeon - Edinburgh
hereby certify, on soul and conscience, that I have this day, at (3) Moniaive in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella McTurk and that the said Isabella McTurk 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) Of very low spirits & mentions that she is tired of this world & does not know what to do with herself

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She is restless, sleepless, & gets up out of bed, gets low spirited, asking what she [illegible] do with herself. & has mentioned occasions she would make way with herself or [illegible] to that effect.

Name and Medical Designation, John M. Robertson M.B.C.M.

Place of Abode Penfront

DATED this 9th day of June One thousand eight hundred and Eighty Five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Adam Semple,
Inspector of Poor Glengarn,
Certificates under the hands of John P. N. Muir
and John M. 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) Isabella M'Turk, Nonsenvant Monnaie (a) and that the said Isabella M'Turk is a (5) Lunatic,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Isabella M'Turk 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 Isabella M'Turk, which accompanied the said Petition.

DATED this Eleventh day of June, One thousand eight hundred and eighty five.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Isabella M. Dick

Glencairn

Admitted 12 June 1885

8224

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

GENERAL BOARD OF LUNACY SCOTLAND 10 JUN 85

, the undersigned John Main
ing desirous to transfer Ellen Lawrie or Mc Murray
present a Patient in Kinnaestrbur Asylum Paisley, and (1)
Pauper Lunatic of the Parish of Borgue
of which I am Inspector from the said Asylum to the
Crichton Institute Dumfries hereby request the authority of
Board to such transfer; and I subjoin a Statement of Particulars regarding the said
Ellen Lawrie or Mc Murray and a Medical Certificate with
pect to her mental and bodily condition.

(1) If Lunatic is not a Pauper: detained at my instance, or whose nearest known relative I am. If Lunatic is a Pauper: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

John Main
(2) Inspector of Poor Borgue

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Borgue this 9th day of June
e thousand eight hundred and Eighty five

STATEMENT.

Christian Name and Surname of Patient at length,	Helen Lawrie or Mc Murray
Sex and Age,	Female 22 Years
Married, Single, or Widowed,	Married
Condition of Life, and Previous Occupation (if any),	Domestic Servant.
Religious Persuasion, so far as known,	Protestant
Date of Admission into Asylum,	24th March 1884
Length of time Insane,	Since 13th March 1884
Whether first Attack,	Yes
Age (if known) on first Attack,	21 Years
Duration of existing Attack,	15 Months
Supposed Cause,	Child birth
Whether subject to Epilepsy,	No
Whether Suicidal,	Used to be, Still doubtful.
Whether Dangerous to others,	No
Parish to which the Lunatic (if a Pauper) is Chargeable,	Borgue Kirkcudbright
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Husband William Mc Murray. Meadowland, Renfrew. None.

certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) John Main Inspector Borgue

DATED this 9th day of June One thousand eight hundred and Eighty five

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

Glencairn
Admitted 12 June 1885

MEDICAL CERTIFICATE.

I, the undersigned Donald Fraser

(1) State Medical Qualifications.
(2) Name Asylum.

being (1) Doctor of Medicine, Fellow of Faculty of Physicians
hereby certify that I have this day at (2) Riccarton Asylum, Paisley
personally examined Ellen Lawrie or McMurray at present
Patient in said Asylum, and with respect to her Mental State that she is demented
as a sequence of puerperal mania. Within the
past two months she has shown evidence of
mental improvement.

; and with respect to her

Bodily Health and Condition that they are poor

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries

D. Fraser M.D.

Dated this Eighth day of June One thousand eight
hundred and Eighty five years

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

Application having been made to the Board by (1) John Main
the Inspector of Poor of the parish of Borgue
to authorize the transfer of Ellen Lawrie or McMurray
from Paisley Parochial Asylum to Southern Counties
Asylum, Dumfries, and the Board having considered such application and
the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said
Ellen Lawrie or McMurray as requested.

(2) Valid for fourteen days from date.

John Sibbald Commissioner

Dated at Edinburgh, this 10th day of June, one
thousand eight hundred and 85.

Admitted 16th June 1885.

Borgue.

Date of Sheriff's order
28th March 1884

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff —— of the (2) Dumfriesand of Galloway at Dumfries *and his Substitutes,*—

The Petition of Hugh Knox, Inspector of Poor of Buittle humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella McMichael your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isabella McMichael to the Southern Counties' Asylum, Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Hugh Knox

DATED this 16th (4) day of June One thousand eight hundred and eighty five

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Isabella McMichael
2. Sex and Age,	Female. 76 years.
3. Married, Single, or Widowed,	Widow.
4. Condition of Life, and previous Occupation (if any),	Widow of Crofter.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Bogfoot Colvend.
7. Place where Found and Examined,	Leathes Cothouse, Parish of Buittle
8. Length of time Insane,	Has been ailing for about a month.
9. Whether First Attack,	yes.
10. Age (if known) on First Attack,	76 years
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	See Answer to 9.
12. Duration of Existing Attack,	Has been ailing for about a month.
13. Supposed Cause,	Sleeplessness
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	Said to be violent.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Buittle
18. Date of becoming Chargeable,	June 14th, 1885.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	John McMichael, Leathes Cothouse, Buittle. Son. No.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 16th day of June One thousand eight hundred and eighty five

(To be signed by the Party applying) Hugh Knox

P. P.

Admitted 16th June 1885

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Mc Michael
being a (1) Bachelor of medicine & Master in Surgery of the University of Edinburgh
and being in actual practice as a (2) General practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Leathes Cotland Bulthes
Kirkcudbright. in the County of
separately from any other Medical Practitioner, visited and personally examined (4) Isabella Mc Michael
a Pauper and that the said Isabella Mc Michael is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 & cannot obtain a rational answer to what I say but repeats to me what I know are delusions —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her Son tells me that she has been violent & Restless & sleepless —

Name and Medical Designation, Robert Mc Michael

Place of Abode, Dalbeattie

DATED this Seventh day of June One thousand eight hundred and Eighty-five —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Rivers
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Leathes Cotland Bulthes
Kirkcudbright- in the County of
separately from any other Medical Practitioner, visited and personally examined (4) Isabella Mc Michael
and that the said Isabella Mc Michael is a (5) person of unsound Mind and a proper person to be detained under Care and Treatment, 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 almost incessantly in rambling incoherent manner, fancies that her neighbours & others are plotting against her, talks without apparent cause to her friends

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her son says for some time she has been restless & sleepless and on some occasions violent both to him & others

Name and Medical Designation, John Rivers M.B.C.M.

Place of Abode, Castle Douglas

DATED this Sixteenth day of June One thousand eight hundred and eighty five —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Williamson (1) Sheriff Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Hugh Knox Certificates under the hands of Robert McKershar and John Nivison, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McMichael, Pauper and that the said Isabella McMichael is a (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 McMichael 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 Isabella McMichael which accompanied the said Petition.

DATED this Seventeenth day of June One thousand eight hundred and eighty five

John Williamson

To the Superintendent of the (7) Southern Counties *Asylum of* Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Brittle.

Admitted 17 June 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — *of the* (2) ~~Stewartry of Kirkcudbright & Galloway~~ Douglas Galloway at Kirkcudbright *and his Substitutes,*—

The Petition of Chas Finlayson. Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Douglas or Gourlay (& Pauper) your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Douglas or Gourlay to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

C Finlayson Inspector

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 19th (4) day of June One thousand eight hundred and Eighty Five

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Janet Douglas or Gourlay
2. Sex and Age,	about fifty
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	dressmaker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Castle Street
7. Place where Found and Examined,	" "
8. Length of time Insane,	Four days
9. Whether First Attack,	No
10. Age (if known) on First Attack,	45
11. When and where previously under Examination and Treatment,	Townend
12. Duration of Existing Attack,	4 days
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	—
15. Whether Suicidal,	—
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcudbright
18. Date of becoming Chargeable,	19th June/85
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	George Gourlay. Husband
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Nineteenth day of June One thousand eight hundred and Eighty Five

(*To be signed by Party applying*) C Finlayson Inspector

P. p.

Admitted 17 June 1885.
Buittle.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Wm Johnstone being a (1) M. D. of Edinr

and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Castle Street Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Janet Douglas or Gourlay Pauper and that the said Janet Douglas or Gourlay is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

That she is outrageous in her conduct and attempts to injure those about her

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Wm Johnstone M.D.

Place of Abode, Kirkcudbright

DATED this 19th day of June One thousand eight hundred and Eighty five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John MacMyn being a (1) Bachelor of Medicine & Master of Surgery of the University of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Crystal Court Castle Street Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Janet Douglas or Gourlay Pauper and that the said Janet Douglas or Gourlay is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Threatened to stab me with a dinner-fork, and threatened to maim a lad who was with me, without any provocation

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Was sent often previously to the Asylum By neighbours of Kirkcudbright

Name and Medical Designation, John MacMyn M.D.

Place of Abode Kirkcudbright

DATED this 19th day of June One thousand eight hundred and 85.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Williamson (1) Sheriff Substitute
of the (2) Stewartry / Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Charles Finlayson
Certificates under the hands of William Robertson
and John Macllyre, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Douglas or Coulay a Pauper and that the said Janet Douglas or Coulay is a (5) pauper lunatic or person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Douglas or Coulay 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 Janet Douglas or Coulay which accompanied the said Petition.

DATED this 19th day of June One thousand eight hundred and eighty five

John Williamson

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Kirkcudbright

Admitted 19 June 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward, Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries of and Galloway and his Substitutes,—for Wigtownshire

The Petition of James Dunsmore, Inspector of Poor, Sorbie

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Kennedy presently residing in Stranraer Poorhouse your Petitioner's (3) pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Alexander Kennedy to the Southern Counties Asylum, Dumfries and to sanction his admission into the said Asylum.

(3) State degree of relationship or other facility in which Petitioner stands to Lunatic

James Dunsmore

DATED this seventeenth (4) day of June One thousand eight hundred and eighty-five years.

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1 Christian Name and Surname of Patient at length,	Alexander Kennedy
2 Sex and Age,	Male 47
3 Married, Single, or Widowed,	Married
4 Condition of Life, and previous Occupation (if any),	Police Officer
5 Religious Persuasion, so far as known,	Protestant
6 Previous Place of Abode,	Carlinstown, Sorbie parish
7 Place where Found and Examined,	Stranraer Poorhouse
8 Length of time Insane,	one day
9 Whether First Attack,	yes
10 Age (if known) on First Attack,	47 years
11 When and where previously under Examination and Treatment,	not previously under treatment previously
12 Duration of Existing Attack,	one day
13 Supposed Cause,	Not known
14 Whether subject to Epilepsy,	Not known
15 Whether Suicidal,	Yes. from report of June 14th 1885
16 Whether Dangerous to others,	Cannot tell.
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Sorbie parish
18 Date of becoming Chargeable,	Became a pauper on November 18th 1884
19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Jane Simpson or Kennedy, Carlinstown Sorbie parish. Wife. Mother heard from 9 years
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this seventeenth day of June One thousand eight hundred and eighty-five years.

(*To be signed by Party applying*) James Dunsmore

P. p.

Admitted 19 June 1885.
Kirkcudbright

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned,
being a (1) Bachelor of Medicine and Master of Surgery
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Combination Poorhouse – Stranraer in the County of Wigton separately from any other Medical Practitioner, visited and personally examined (4) Alexander Kennedy – pauper residing in above Poorhouse and at the said Alexander 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Melancholic – in appearance & speech – states he can never be saved – hymn singing drives him distracted. Suicidal intentions – at times he feels a strong impulse to kill himself: He states he is unable to think of anything for any length of time.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mr Reid (Governor of Poorhouse) caught him about to attempt suicide – An inmate of same ward states that he is restless at night & rises often from his bed to walk up & down.

Name and Medical Designation, Thomas Easton

Place of Abode, Hanover House – Stranraer

DATED this Thirteenth day of June One thousand eight hundred and eighty five

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned,
being a (1) Licentiate of the Royal College of Physicians E. & Licentiate
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Combination Poorhouse Stranraer in the County of Wigton separately from any other Medical Practitioner, visited and personally examined (4) Alexander Kennedy – pauper residing in above poorhouse and at the said Alexander 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Melancholic expression of face, speech hurried & trembling. States that he attempted at least on one occasion to drown himself & still actuated by a strong desire of self destruction. Cannot pass any line of thought or head. A heavy burden of sins which never be forgiven. Suspicious family history

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mr Reid (Governor of House) states he saw him in a state to commit suicide & says he is restless recently in manner. A fellow inmate gives corroboration of above statement.

Name and Medical Designation, William A. Algie L.R.C.P. L.R.C.

Place of Abode 16 King Street Stranraer

DATED this thirteenth day of June One thousand eight hundred and eighty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Mackie (1) Sheriff Substitute
of the (2) County of ~~the~~ Wigtown
having had produced to me, with a Petition at the instance of (3) James Dunmore
Inspector of Poor Sorbie
Certificates under the hands of Thomas Easton M.B. C.M. Stranraer
and William A. Alger L.R.C.P.L.F.P.S. Stranraer, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Alexander Kennedy, Pauper, and that the said
Alexander Kennedy is a (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 Kennedy 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 Alexander Kennedy which accompanied the said Petition.

DATED this seventeenth day of June One thousand eight hundred and eighty five

Wm Mackie

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

~~James Pongino~~

Sorbie

Admitted 19 June 1885.

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(2) Sheriff or Steward.
(3) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (3) Dumfries & Galloway *and his Substitutes,—*

(4) Insert Name and Designation.

The Petition of (4) James Telfer

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that James Telfer

(5) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (5) 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 Telfer to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

James Telfer

(6) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 22nd (6) day of June One thousand eight hundred and eighty five

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Telfer
2. Sex and age,	male aged 32 years
3. Married, Single, or Widowed,	single
4. Condition of Life and previous Occupation (if any),	Shoemaker
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	Gatehouse
7. Place where found and examined,	Gatehouse
8. Length of time Insane,	came on gradually for the last 3 years
9. Whether First Attack,	—
10. Age (if known) on First Attack,	about 29 years when first observed
11. When and where previously under Examination and treatment,	—
12. Duration of Existing Attack,	been worse for the last two months
13. Supposed Cause,	
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Telfer High Street Gatehouse his Mother
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 22 day of June One thousand eight hundred and eighty five

(To be signed by the Party applying) James Telfer

Notice Admitted 19 June 1885.

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Gatehouse.
2. Character of Education,	good ordinary education
3. Is the natural disposition cheerful or melancholy—reserved or frank,	reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	steady & industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	His Father died from Cancer in the bowels
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	depression of spirits & [illegible]
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	sleeplessness & falling off in [illegible]
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	silent at first now violent & speaking
13. What changes have taken place in his bodily symptoms?	
14. Is he dirty, destructive, untidy, or obscene?	
15. Has he threatened or attempted violence to himself? If so, in what way?	
16. Has he threatened or attempted violence to others? If so, in what way?	
17. How long has he been insane?	

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

.....

DATED this day of One thousand eight hundred and

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE—No. I.

I, the undersigned, James Nichol Coe
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) High Street
Castlemilk in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) James Telfer, Broommaker
and that
the said James 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. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) His mode of life is entirely changed, & he is in a continual state of excitement. Continually talking to himself very wildly & incoherently.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Running out during the night sometimes for Miles & without his hat addressing people who are not present. Dancing & jumping on his seat. Restlessness. Sometimes becomes violent, without any reasonable cause

(7) *State the Information, and from whom derived.*

Name and Medical Designation, James Nichol Coe L.R.C.S.Ed. &c

Place of Abode, Galetonse of Fleet

DATED this 22nd day of June One thousand eight hundred and Eighty-four

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MEDICAL CERTIFICATE—No. II.

I, the undersigned, James Moffat
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
Galetonse of Fleet in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) James Telfer. Master
Broomsticks. High St. Galetonse of Fleet and that
the said James 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. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) His incoherent conversation - Arrived me of hearing voices in the walls - and that he could read other peoples thoughts - Says he cant settle down & work at

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His Mother and Sister inform me that he will not work - Spends his time scribbling on paper singing comic songs and preaching Sermons at the top of his voice standing on chairs &c. Lately he has taken up the candle to his sleep. Lately he has taken

(7) *State the Information, and from whom derived.*

Name and Medical Designation, James Moffat M.B., C.M.

Place of Abode, Church Place - Kirkcudbright

DATED this 22nd day of June One thousand eight hundred and Eighty five.—

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, Robert Macartney Gadney, Esqr. Sheriff Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Jane Telfer Certificates under the hands of James Nichol Cox and James Moffat, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Telfer and that the said James 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 James Telfer as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Telfer which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twenty third day of June One thousand eight hundred and eighty five

Robert Gordon Nicholson

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, James Telfer

Date of Admission, 24 June 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) Dumfries of Galloway *and his Substitutes,*—

The Petition of John Welsh

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Comline your Petitioner's (*) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Comline to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) John Welsh, Inspr of Poor Kelton

DATED this 24th (*) day of June One thousand eight hundred and eighty five

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Comline
2. Sex and Age,	M. 54
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Bus driver
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	
7. Place where Found and Examined,	Crofthead Nyles
8. Length of time Insane,	two days
9. Whether First Attack,	no
10. Age (if known) on First Attack,	not known
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	In 1882 was in Dumfries Asylum for a few months
12. Duration of Existing Attack,	two days
13. Supposed Cause,	recurrance of former attack
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	supposed to be
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kelton
18. Date of becoming Chargeable,	26th June 1885
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	wife Mrs Comline Academy Street Castle Douglas
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 24th day of June One thousand eight hundred and 85

(To be signed by the Party applying) John Welsh

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Walter Lorraine
being a (1) Graduate of Edin's Univers & L.R.C.S.Ed.
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Castle Douglas
in the County of Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) James Comline Pauper
academy at Castle Douglas and that
the said James Comline is a (5) person of unsound mind
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Silent & nocturn interrupted by occasional fits of excitement. This occasion is the third time I have had to do his insanity.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife says that the symptoms are [illegible] to what were on the previous occasions. He has been at least three times already [illegible]

Name and Medical Designation, Walter Lorraine [illegible]

Place of Abode, Castle Douglas

DATED this 24th day of June One thousand eight hundred and 85

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Mirison
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Castle Douglas
in the County of Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) James Comline
and that
the said James Comline is a (5) person of unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He talks in a rambling, incoherent manner fancies he is addressing individuals who are not present and at times behaves in an [illegible] erous manner

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife says he has been wild & uncontrolled for two days and that he has had similar attacks before, having been in the Asylum at least two previous occasions.

Name and Medical Designation, John Mirison M.B.C.M.

Place of Abode Castle Douglas

DATED this 24th day of June One thousand eight hundred and eighty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Macartney Gordon (1) Pre Sheriff Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) John Welsh Certificates under the hands of Walter Lorraine and John Nurson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Cowline, Pauper and that the said James Cowline is a (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 Cowline 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 James Cowline which accompanied the said Petition.

DATED this Twenty fourth day of June One thousand eight hundred and eighty five

Robert Gordon S.S.

To the Superintendent of the (7) Southern Counties *Asylum of* Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

James Comlene

Kellow.

Admitted 24 June 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff — ~~*of the*~~ (2) ——— *of* Dumfries & Galloway *and his Substitutes,*—

The Petition of Robert McGeorge Labourer, Sydney Place Lockerbie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Walter McGeorge, ——— your Petitioner's (3) sore ——— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Walter McGeorge, ——— to the Southern Counties Dumfries and to sanction his admission into the said Asylum.

Robert McGeorge

(1) State degree of Relationship or other Capacity in which Petitioner stands to Lunatic.

DATED this ~~Twenty sixth~~ (4) day of June, ——— One thousand eight hundred and eighty five.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Walter McGeorge
2. Sex and Age,	Male - 18.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Sydney Place Lockerbie
7. Place where Found and Examined,	Police Station Lockerbie
8. Length of time Insane,	Seven months
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	18.
11. When and where previously under Examination and Treatment,	No where
12. Duration of Existing Attack,	Seven 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,	Not chargeable.
18. Date of becoming Chargeable,	———
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Robert McGeorge, Labourer, Sydney Place Lockerbie (Father). No member of family known to have been insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this ~~Twenty sixth~~ ~~day of~~ June, ——— One thousand eight hundred and eighty five

(*To be signed by Party applying*) Robert McGeorge

P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, *or* a person of unsound mind.

I, the undersigned, James Maclachlan
being a (1) Bachelor of Medicine & Master of Surgery
the University of Glasgow
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) The Police
Station & Lockerbie in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Walter Mc George Labourer
Sydney Place Lockerbie and
the said Walter Mc George is a (5) Person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Nervous & excited
manner stating that he hears voices
from with mankind during the night & that
that he purchases cattle for an Farm
which is quite contrary to the truth.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
I am informed by Supt. Stevenson Police
he has on several occasions caused a breach of
that he has attacked both his father & mother
he threatened other persons with personal
he unarmed and able might but might.

Name and Medical Designation, James Maclachlan
M. B. C. M.

Place of Abode, Lockerbie

Dated this 25th day of June One thousand eight
hundred and 85.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, *or* a person of unsound mind.

I, the undersigned, George Irving
being a (1) Bachelor of Medicine & Master in Surgery 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) The Police Station
of Lockerbie in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Walter Mc George Labourer
Sydney Place Lockerbie and
the said Walter Mc George is a (5) Person of
unsound Mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Constant Muscular
movement, he is always doing something & cannot sit still
He imagines he hears & sees people in his sleep
says that he has been engaged for the purpose of frightening
Cattle for a certain individual in town which is false

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His father (Robert Mc George) informs me that
said Walter Mc George is often violent & destructive

Name and Medical Designation, George Irving
M. B. C. M.

Place of Abode Lockerbie

Dated this 25th day of June One thousand eight
hundred and 85.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Macfachlan being (1) Bachelor of Medicine & Master in Surgery of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) The Police Station, Lochmaben in the County of Dumfries, seen and personally examined Walter McGeorge, Labourer, Lochmaben, and that the said Walter McGeorge person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Macfachlan M.B. C.M.

DATED this 25th day of June One thousand eight hundred and 85.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Robert McGeorge Labourer Sydney Place Lochmaben Certificates under the hands of James Macfachlan — and George Hunter —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Walter McGeorge Labourer Sydney Place Lochmaben (Place of Abode) and that the said Walter McGeorge is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Walter McGeorge as a Patient into the (6) Public Asylum of Southern Counties and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Walter McGeorge which accompanied the said Petition.

DATED this ~~twenty-sixth~~ day of June, — One thousand eight hundred and eighty five.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of
Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, or Private.

Walter M. George.

Admitted 26 June 1885.

Dumfries. 26th June 1885.

I certify on soul and conscience that I have
this day, in Maxwelltown Prison, examined Mrs Agnes Newlands
Cowan. That I also examined her in the County Police Office
Buccleuch Street Dumfries on the 18th and 19th inst. and
am of opinion that she is a Lunatic and in a state
threatening to the Lieges, rendering her confinement
in a Lunatic Asylum or some other place of safe
custody necessary.

E. D. Kerr M.D. &c

is certified to be a Lunatic, and in a state
threatening danger to the Lieges, was on the
Eighteenth day of June 1885, found or
apprehended in that state in or near the

Hereby certify on soul and conscience that I
have this day in the Maxwelltown Prison examined
Agnes Newland or Cowan and also in the
County Police Office Buccleuch St. on the 18th & 19th
inst. on all of these occasions I found her
offering from melancholia and am of opinion
that she is a lunatic and in a state threatening
danger to the lieges rendering her confinement in
Lunatic Asylum or some other place of safe
custody necessary

A. D. MacDonald M.D.
Dumfries June 26th 1885

Admitted 26 June 1885.

1885.

Dumfries
1st June 1885

Unto the Honourable the Sheriff of Dumfries & Galloway, or his Substitutes

The Petition of William Milroy, Depute Procurator Fiscal of Court, for the public interest,

Humbly Sheweth.

That Agnes Newlands or Cowan, wife of John Cowan, a Constable in the Dumfriesshire Constabulary, stationed at Eskdalemuir, in the County of Dumfries, and now a Prisoner in the Prison of Maxwelltown who from the Medical Certificates herewith produced is certified to be a Lunatic, and in a state threatening danger to the Lieges, was on the Eighteenth day of June 1885, found or apprehended in that state in or near the Constabulary Station at Eskdalemuir, in the Parish of Eskdalemuir & County of Dumfries charged with assault to the danger of life, and with intent to murder.

May it therefore please your Lordship in terms of the provisions of Section 15 of the Act 25 and 26 Victoria Chapter 54 to grant warrant forthwith to commit the said Agnes Newlands or Cowan

W. C. Milroy

Add the 15th Section
Act + 25 Victoria
Chapter 55

Milroy

Cowan to the Southern Counties
Lunatic Asylum, Dumfries
or other place of safe custody:
appoint an early day to
Enquire into the Condition of the
said Agnes Newlands or Cowan:
direct notice to be given in
some Newspaper circulated in
the County of Dumfries of such
Commitment, and of your
Lordship's intention to Enquire
into the Condition of the said
Agnes Newlands or Cowan on
a day to be appointed: and
to direct notice of this
application to be given to Peter
John Carruthers, Inspector of
Poor of the Parish of Eskdalemuir
within which the said Agnes
Newlands or Cowan was
found or apprehended; and
such further notice as your
Lordship shall think fit
and thereafter (failing the
Inspector of Poor of the forest
Parish within twenty four
hours

[illegible]

hours after service on him of such notice undertaking to the satisfaction of your Lordship to make due arrangements for the safe custody of the said Agnes Newlands or Cowan) proceed on the day to be so appointed to take evidence of the condition of the said Agnes Newlands or Cowan; and on being satisfied that she is a Lunatic and in a state threatening danger to the Lieges to grant Warrant to Commit her to the said Southern Counties Lunatic Asylum, Dumfries, or such other Asylum as your Lordship may think proper; also grant Warrant to the Superintendent of the Asylum to which the said Agnes Newlands or Cowan may be so committed, to receive her, and authorising her transmission to such Asylum therein to remain until

[illegible]

until she be cured, or until
caution shall be found for her
safe custody: further, at the
time of granting such final
warrant of commitment, or in
proceedings following on this
application pronounce judgment
finding the amount of the
expenses connected with the
said application, enquiry and
procedure, as the same shall
be taxed, and grant decree for
such expenses in favor of the
Petitioner; also decern in favor
of the superintendent of the
Asylum to which the said
Agnes Newlands or Cowan
may be committed for the
expense of her maintenance;
all against the said Parish
of Eskdalemuir, and Peter
John Carruthers, as Inspector
of, and representing the said
Parish, reserving relief and
recourse to the said Parish
and

Wm Melvin

and Inspector thereof against all others as accords of law all in terms of the foresaid section of the said Act.

According to Justice
M. C. McIvoy
Dep Pur Fiscal

Dumfries 26th June 1885. Having considered the foregoing Petition with the medical Certificates and acts of Parliament founded on: Grants Warrant, ~~to~~ Commitment ~~Agnes Newlands or Cowan named in the Petition~~ to the Southern Counties Lunatic Asylum, Dumfries as a place of safe custody ad interim: Farther appoints Tuesday the 7th day of July next at 10:30 forenoon in the Sheriff Court House, County Buildings, Dumfries, as a diet for proceeding to enquire into the condition

D & B for the removal of Agnes New-lands or Cowan from the Prison of Maxwelltown and for her H

David Boyle Stope

of the said Agnes Newlands
or Cowan, grants Warrant to cite
Witnesses for said diet: direct
notice of said Commitment and
diet to be given in the
Dumfries and Galloway Courie
and Herald Newspaper; and
also to the Inspector of Poor
of the Parish of Eskdalemuir;
and to the nearest of kin of
the said Agnes Newlands or
Cowan, all in terms of the
Acts of Parliament founded
on. Nine words deleted.

David Boyle Stope

Lunacy Petition

The Procurator Fiscal

v.

Agnes Newlands or Cowan.

June 1885

No 4756.

Agnes Newlands or Cowan

Admitted 26 June 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (a) Sheriff Substitute ~~of the~~ (a)
of Lanarkshire *and his Substitutes,*—

The Petition of Alexander Hutchison Inspector of poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Gold. Loaningfoot. Douglas your Petitioner's (b) Pauper, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Gold to the Crichton Royal Institution Dumfries and to sanction his admission into the said Asylum.

(a) State degree of relationship or other facility in which Petitioner stands to Lunatic.

(c) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty fifth (c) day of June One thousand eight hundred and eighty 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,	James Gold
2. Sex and Age,	male. 16 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Apprentice Grocer
5. Religious Persuasion, so far as known,	protestant
6. Previous Place of Abode,	Loaningfoot Douglas
7. Place where Found and Examined,	do do
8. Length of time Insane,	not Known
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	16 years
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	uncertain
13. Supposed Cause,	not Known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	not known
16. Whether Dangerous to others,	violent at times
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Douglas parish
18. Date of becoming Chargeable,	24th June 1885
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Gold. Father Labourer Loaningfoot. Douglas
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 25th day of June. One thousand eight hundred and eighty five

(*To be signed by Party applying*) Alexander Hutchison
Inspector of poor P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Robert Weir
being a (1) Fellow of the Royal College of Surgeon, in Ed. and
of the Royal College of Physicians in Edinburgh
and being in actual practice as a (2) Physician & Surgeon 77
hereby certify, on soul and conscience, that I have this day, at (3) Loaningfoot
Douglas Lanark in the County
separately from any other Medical Practitioner
visited and personally examined (4) James Gold, Loaningfoot
and
the said James Gold 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 talked in a rambling and incoherent Manner and frequently with pigeons. He told me that he intended to
Veterinary Surgeon, Hillhead, Hamilton N. for advice that he might be made operation
for back sir. He told me he could attract the Birds from the air and order them to

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
told me that he was being persecuted and annoyed, that he proposed making application
Parish Authorities to have advertised, that he visited Glasgow and played on an old
beam & cost of Drums and showed the greatest impatience on being interfered with. He
on he demanded a knife from him to do
Some thing, but not to commit suicide.

Name and Medical Designation, } Robt Weir, F.R.C.S. Ed. L.R.C.P.

Place of Abode, Douglas Lanarkshire

DATED this 24 day of June One thousand
hundred and 85

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Leiper
being a (1) physician & Surgeon
and being in actual practice as a (2) physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Loaning
Douglas Lanark in the County
separately from any other Medical Practitioner
visited and personally examined (4) James Gold, Loaningfoot
and
the said James Gold 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 talked in a rambling Manner about bringing Birds down
the sky. when upon he visited or called upon them, and
learning the Deceased trade, Joiner, Baker & Hotelkeeper &c. Spoke to

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His Mother told me, He was becoming unbearable, as
Sat up during the night playing on an old drum. He
Showed great excitement when called upon to desist

Name and Medical Designation, } Alexander Leiper
L.F.P.S.G. L.R.C.P.E.

Place of Abode Douglas Lanark.

DATED this 24th day of June One thousand
hundred and 85

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Swan (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Alexander Hutchison, Inspector of Poor of the Parish of Douglas Certificates under the hands of Robert Meikle, F.R.C.S.E. Douglas and Alexander Lister, Physician & Surgeon, Douglas, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Gold Loaningfoot. Douglas (Pauper) and that the said James Gold is a (5) Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Gold as a Patient into the (6) Crichton Royal ~~Asylum~~ 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 James Gold which accompanied the said Petition.

DATED this Twenty sixth day of June One thousand eight hundred and eighty five

David Swan

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, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Parish of Douglas
Lanarkshire
Admitted 27 June 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the~~ (2) Dumfries & Galloway *and his Substitutes,*—

The Petition of James Kelly Inspector of Poor Stranraer humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Allison Labourer ~~your Petitioner's~~ (3) St John Street Stranraer (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 James Allison to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

James Kelly

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

DATED this 28th (4) day of June One thousand eight hundred and eighty five.

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1	Christian Name and Surname of Patient at length,	James Allison
2	Sex and Age,	Male - 22 -
3	Married, Single, or Widowed,	Married - Labourer
4	Condition of Life, and previous Occupation (if any),	Married X 0
5	Religious Persuasion, so far as known,	Protestant
6	Previous Place of Abode,	No 1 St John Street Stranraer
7	Place where Found and Examined,	X 0 X 0
8	Length of time Insane,	Not known
9	Whether First Attack,	Yes
10	Age (if known) on First Attack,	22
11	When and where previously under Examination and Treatment,	Never before under treatment
12	Duration of Existing Attack,	Not known
13	Supposed Cause,	Epilepsy
14	Whether subject to Epilepsy,	Yes
15	Whether Suicidal,	Yes
16	Whether Dangerous to others,	Yes
17	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Stranraer
18	Date of becoming Chargeable,	28 June 1885
19	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Father Wm Allison Pauper No 1 St John Street Stranraer
20	Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 28th day of June One thousand eight hundred and eighty five

(*To be signed by Party applying*) James Kelly

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, William A. Algie Licentiate of the Royal College of Physicians Ed. & Lond. & Fellow of the Fac. of Phys. & Surgs. Glas.
being a (1)

and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 16 King Street Stranraer
in the County of Wigtownshire separately from any other Medical Practitioner,
visited and personally examined (4) James Allison a (Pauper)
and that the said James Allison 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 speech and gesture are not that of a person of sound mind disturbed during night with visions gets no sleep. Threatens violence to those around him, and exhibits other signs of an unsound mind.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Dally has known him for a considerable time and both he & she state that he is a person of dangerous character. I have heard him threatening those around him and even threatened violence to myself.

Name and Medical Designation, William A. Algie L.R.C.P. & S.E.

Place of Abode, 16 King Street, Stranraer

DATED this twenty eighth day of June One thousand eight hundred and eighty five

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, William Mc Neil
being a (1) Doctor of Medicine of the University of Edinburgh and a Licentiate of the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the police office Stranraer
in the County of Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) James Allison a pauper
and that the said James Allison is a (5) person of unsound mind
and a proper person to be detained 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 wild excited look moves restlessly from place to place talks incoherently. Threatens violence to those around him shouts at the top of his voice & laughs for long pace in the most silly nonsensical way without any reason —

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Superintendent M'Neil says he has for long been a most violent character. Threatens violence to those around him has repeatedly been punished by imprisonment for his violent conduct. has gone about the house for the last night laughing and speaking for ten minutes at a time to himself

Name and Medical Designation, William Mc Neil M.D.

Place of Abode Stranraer

DATED this twenty eighth day of June One thousand eight hundred and eighty five —

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William McGibbon Esqre Sheriff Substitute (1)
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Halley Inspector of Poor, Parish of Glencairn
Certificates under the hands of William R. Nye
and William 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) James Allison, Labourer, St John's Parkhouse and that the said James Allison is a (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 Allison as a Patient into the Southern Counties Asylum at Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Allison which accompanied the said Petition.

DATED this 28th day of June One thousand eight hundred and eighty five

W. McGibbon
Sheriff Substitute

To the Superintendent of the (7) Asylum of Southern 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, Parochial, or Private.
(7) Public, District, Parochial, or Private.

James Allison

Stawrair.

Admitted 29 June 1886.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) County~~ of Dumfries ~~and Lord~~ and his Substitutes,—

The Petition of Alexander McGeuchan Inspector of Poor Lochmaben, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Burgess your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Burgess to the Southern Counties Asylum and to sanction the admission into the said Asylum.

State degree of Relationship or other Authority in which Petitioner stands to Lunatic.

(3) Fifteenth Oct. Alexander McGeuchan Inspector of Poor

DATED this ~~Thirteenth~~ (4) day of July — One thousand eight hundred and 85 Years

The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Burgess
2. Sex and Age,	Male 28 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,	Toll-bar-Lochmaben
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	4 Weeks —
9. Whether First Attack,	Yes — —
10. Age (if known) on First Attack,	28 Years —
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	4 Weeks
13. Supposed Cause,	Injury to Head from stroke with Stick
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,	Lochmaben Family
18. Date of becoming Chargeable,	30th April 1885 & Pauper
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Barbara Burgess Toll-bar Lochmaben Mother no —
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this ~~13th~~ Fifteenth Oct. day of July — One thousand eight hundred and 85 Years

(*To be signed by Party applying*) Alexander McGeuchan Inspector of Poor P. P. Lochmaben

William Burgess
Lochnabeu.
Admitted 15 July 1885.

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway —

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) John Somerville Mackay, Insurance Clerk 12 Teviot Row Edinburgh

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Miss Elizabeth Perkins - presently a Voluntary Patient in the Crichton Royal Institution

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) Ward is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Miss Elizabeth Perkins, —— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

(5) The date of the Petition must be within four clear days following the dates of the Medical Certificate.

DATED this ~~Eighteenth~~ Seventeenth (5) day of July — One thousand eight hundred and Eighty-five.

J. S. Mackay

STATEMENT.

If any 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 Perkins.
2. Sex and age,	Female - 52.
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,	Found - 1 Leslie Place, Edinburgh & 9 London Street, Edinburgh
7. Place where found and examined,	
8. Length of time Insane,	
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and treatment,	Crichton Royal Institution
12. Duration of Existing Attack,	
13. Supposed Cause,	Death of Mistress with whom she had been for 37 years.
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,	—
Date of becoming Chargeable,	—
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	None known of.
Special circumstances (if any) preventing the insertion of any of the above particulars,	Supposed to have been an illegitimate child and knew nothing about her Parents or Relations.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this ~~Eighteenth~~ Seventeenth day of July — One thousand eight hundred and Eighty-five.

(To be signed by the Party applying) J. S. Mackay, Curator Bonis.

Admitted 15th July 1885

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - -
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? - -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - -
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane? - - - -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

.....

Dated this day of One thousand eight hundred and

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Alexander Thomson, being a (1) Doctor of Medicine of the University of Glasgow and Surgeon 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) Elizabeth Perkins, presently a voluntary patient here and that the said Elizabeth Perkins is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) Her nervous, hypochondriacal condition and supposed inability to move about:

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told by those in charge of her, that she sometimes fancies she is unable to walk, when she can readily do so, and that her memory is very defective.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Alex Thomson MD &c.

Place of Abode, Castle St. Dumfries

DATED this Eighteenth day of July — One thousand eight hundred and Eighty five years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, William Smith Kerr, being a (1) Graduate of Glasgow University &c and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Inst. Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Perkins, and that the said Elizabeth Perkins is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) Is nervous, hysterical. Has virtually delusions as to inability to walk and something wrong in her inside.

(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.*

D Smith here says she is hypochondriacal sleepless and constantly wanting medicines.

Name and Medical Designation, W. S. Kerr MD &c

Place of Abode, Dumfries

DATED this 18th day of July — One thousand eight hundred and eighty five years.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSIO[illegible]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope (1) Sheriff-Substitute, of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Somerville Mackay Insurance Clerk, 12 Letters Row, Edinburgh Certificates under the hands of Alexander Thurnow, and William Smith Kerr, being two Medical Perso[illegible] duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care a[illegible] Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Luna[illegible] Asylums in Scotland," setting forth that they had separately visited and examined [illegible] Elizabeth Perkins 9 London St, Edinburgh [illegible] and that the [illegible] Elizabeth Perkins, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you [illegible] receive the said Elizabeth Perkins as a Patient into t[illegible] Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the s[illegible] Medical Certificates, and a Statement regarding the said Elizabeth Perkins which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Eighteenth day of July One thousand eig[illegible] hundred and eighty five.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Miss Elizabeth Perkins (Edinburgh)

Date of Admission, 18 July 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~*the*~~ (2) Dumfries and Galloway, *and his Substitutes,*—

The Petition of Miles McInspector of Poor, Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alice Kellochan or Welsh, your Petitioner's (3) Pauper, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Alice Kellochan or Welsh, to the Southern Counties Asylum and to sanction her admission into the said Asylum. Two words deleted

Miles McInnes

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

DATED this 20th (4) day of July One thousand eight hundred and Eighty Five years.

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Alice Kellochan or Welsh.
2. Sex and Age,	Female 32 years.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Grainger's Close, Dumfries.
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	One day
9. Whether First Attack,	Second
10. Age (if known) on First Attack,	31
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,	yes a little
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries in the Meantime
18. Date of becoming Chargeable,	19th July 1885
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Welsh, Husband, Militiaman residing at the Camp Dumfries.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 19th day of July One thousand eight hundred and Eighty Five years

(*To be signed by Party applying*) Miles McInnes

P. p.

MEDICAL CERTIFICATE, No. I

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, [illegible] Marshall of [illegible]
being a (1) Graduate of the Faculty of Physicians [illegible]
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 101 High St
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Alice Kellachan or Welsh and that
the said Alice Kellachan or Welsh is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) talks incoherently
seems hyperactive, excited and muddled
Comprehends the meaning of questions slowly

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Has threatened that he will
disturb house Cries out spreads

Name and Medical Designation, W Marshall M

Place of Abode, 101 High St Dumfries

DATED this 19th day of July One thousand eight
hundred and eighty five years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith
being a (1) Graduate in medicine of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Southern District
Asylum Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Alice Kellachan or Welsh
Pauper. and that
the said Alice Kellachan or Welsh is a (5) person of
Unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is excited
& spasmodic. incoherent & Speech. & unable
to understand simple questions. Talks
herself in an incoherent manner

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Dr Smith informs me that during the
She was very restless muttering noise & raving
constant watching.

Name and Medical Designation, John Smith M

Place of Abode 14 Castle St Dumfries

DATED this 20th day of July One thousand eight
hundred and eighty five years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Marshall and College of St Andrews being (1) a Graduate of the Faculty of Physicians & Surgeons Gen hereby certify, on soul and conscience, that I have this day, at (2) 101 High St Dumfries Mind in the County of Dumfries, seen and personally examined Alice Kellochan or Welsh, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

W Marshall M: D &c

DATED this 19th day of July — One thousand eight hundred and eighty five years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Norman Macpherson (1) Sheriff of Dumfries & Galloway, ~~of the (2)~~ having had produced to me, with a Petition at the instance of (3) Miles McInnes, Inspector of Poor Dumfries Certificates under the hands of William Marshall and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Alice Kellochan or Welsh, Grainger's Close, Dumfries (a Pauper) and that the said Alice Kellochan or Welsh, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Alice Kellochan or Welsh as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alice Kellochan or Welsh, which accompanied the said Petition.

DATED this Twentieth day of July, — One thousand eight hundred and eighty five.

Norman Macpherson

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Alice Kellochar or
Welsh.

Dumfries

Admitted 19 July 1885.

N.B.—This Form shall remain in the keeping of the Superintendant of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of Dumfries and Galloway of ~~the Shire~~ (2) *and his Substitutes,*—

The Petition of George Hunter, Inspector of Poor, Tongland humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Brown your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Alexander Brown to the Southern Counties' Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) George Hunter

Dated this 18th (4) day of July One thousand eight hundred and eighty five.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Alexander Brown
2. Sex and Age,	Male. 26 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Shoe maker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Ringford
7. Place where Found and Examined,	Ringford
8. Length of time Insane,	nine months "off his usual"
9. Whether First Attack,	Second
10. Age (if known) on First Attack,	23
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	In Southern Counties Asylum from 19 Jan. 1882 till 1 May 1882
12. Duration of Existing Attack,	See No. 8
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	said to be ill-tempered towards Mother
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Tongland
18. Date of becoming Chargeable,	18 July 1885
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Janet Brown Ringford Kirkcudbrightshire None known to have been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 18th day of July One thousand eight hundred and eighty five

(To be signed by the Party applying) Geo. Hunter 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, William S. S. Reid being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Ringford in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Alex.r Brown, Pauper and that the said Alexander 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) Manner constantly talking to himself. and hardly understands 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) His mother says he is very unstable & unruly to herself & that he wanders over the fields by day & night that he suffers from delusions of various kinds one of which is that he supports his family by his work he is sleepless & is constantly talking to himself

Name and Medical Designation, W. S. S. Reid. M.B.

Place of Abode, Oakley - Kirkcudbright

DATED this 18th day of July One thousand eight hundred and Eighty five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Irvine being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Ringford in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Alexander Brown, Pauper and that the said Alexander 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) Keeps talking to himself in a low mutter voice. seems stupid or sullen when asked questions and sometimes refuses to reply

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His mother says he wanders about both day & night. gets much excited at times and once has attacked in somewhat furious manner herself & his sister - was under treatment in Southern Asylum about three years ago

Name and Medical Designation, John Irvine M. B. C. M.

Place of Abode Castle Douglas

DATED this 18th day of July One thousand eight hundred and eighty five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Dunbar Esqre (1) Sheriff Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) George Hunter

Certificates under the hands of M. S. S. Reid and John Nivison, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Brown Pauper and that the said Alexander 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 Alexander Brown 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 Brown which accompanied the said Petition.

DATED this eighteenth day of July One thousand eight hundred and eighty five

Alex Dunbar

To the Superintendent of the (7) Southern Counties *Asylum of* Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Alexander Lloyd
Longland.
Admitted 20 July 1885.

8258.

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

GENERAL BOARD OF LUNACY SCOTLAND 10 JUL 85

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Christina Robertson Mearns being desirous to transfer David Blues Mearns at present a Patient in Glasgow Royal Asylum and (¹) detained at my instance from the said Asylum to the Crichton Institution Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said David Blues Mearns and a Medical Certificate with respect to his mental and bodily condition.

(¹) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

Christina Robertson Mearns.

(²) wife

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Dongray this 8th day of July One thousand eight hundred and 85

STATEMENT.

1. Christian Name and Surname of Patient at length,	David Blues Mearns
2. Sex and Age,	male 38 65
3. Married, Single, or Widowed,	married
4. Condition of Life, and Previous Occupation (if any),	Free Church Minister of Dongray
5. Religious Persuasion, so far as known,	Free Church
6. Date of Admission into Asylum,	Into Inverness Asylum 18 Oct 84
7. Length of time Insane,	Transferred to Partnavel 10 Febr. 85
8. Whether first Attack,	About 10 months
9. Age (if known) on first Attack,	No it is said.
10. Duration of existing Attack,	about 32 but the illness was perhaps continuous as above.
11. Supposed Cause,	unknown
12. Whether subject to Epilepsy,	no
13. Whether Suicidal,	no
14. Whether Dangerous to others,	Dangerous
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	=
16 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Petitioner his wife His mother & his mother's brother are said to have been of weak mind

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Christina Robertson Mearns.

DATED this 8th day of July One thousand eight hundred and 85.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned Dyellowlees being (1) M D Edin hereby certify that I have this day at (2) Gartnavel Asylum personally examined David Blues Mearns at present Patient in said Asylum, and with respect to his Mental State that he is demented & incoherent

No. 4763.
Rev. David Blues Mearns.
Irongray.
Admitted 21 July 1885.

; and with respect to his Bodily Health and Condition that they are good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the ~~Asylum of~~ Royal Crichton Institution Dumfries

Dyellowlees

DATED this seventh day of July One thousand eight hundred and 85.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

Application having been made to the Board by (1) Christina Robertson Mearns to authorize the transfer of David Blues Mearns from Glasgow Royal Asylum to ~~Dumfries~~ Crichton Rio Institution, Dumfries and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said David Blues Mearns as requested.

(2) Valid for fourteen days from date.

John Sibbald Commissioner.

DATED at Edinburgh, this 10th day of July One thousand eight hundred and 85.

Date of Sheriff's Order:-
20th October, 1884.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries and Galloway *and his Substitutes,*—

The Petition of John Maxwell, Inspector of Poor, Troqueur, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Georgina McCall — your Petitioner's (3) Pauper, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Georgina McCall — to the Southern Counties Asylum and to sanction her admission into the said Asylum. Two words deleted.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

Pro John Maxwell
Mr McInnes

DATED this 24th (4) day of July One thousand eight hundred and Eighty Five years.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1	Christian Name and Surname of Patient at length,	Georgina McCall.
2	Sex and Age,	Female — 35 years.
3	Married, Single, or Widowed,	Single.
4	Condition of Life, and previous Occupation (if any),	no occupation
5	Religious Persuasion, so far as known,	Protestant
6	Previous Place of Abode,	13 Shakespeare St Dumfries.
7	Place where Found and Examined,	Do Do
8	Length of time Insane,	Cannot tell.
9	Whether First Attack,	—
10	Age (if known) on First Attack,	—
11	When and where previously under Examination and Treatment,	no
12	Duration of Existing Attack,	—
13	Supposed Cause,	Not known.
14	Whether subject to Epilepsy,	No
15	Whether Suicidal,	No
16	Whether Dangerous to others,	Yes
17	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Troqueur
18	Date of becoming Chargeable,	April 6th 1874
19	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Janet McCall, Mother, with whom she resides. No
20	Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 23d day of July One thousand eight hundred and Eighty Five years.

(*To be signed by Party applying*)

Pro John Maxwell
Inspector of Poor
Troqueur
Mr McInnes

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Hunter Dyden
being a (1) Licentiate of Royal colleges Surgeons & Physicians Edin.
and being in actual practice as a (2) general medical practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 13 Shakespeare Street, Dumfries, in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Georgina McCall, a pauper and saw the said Georgina McCall is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 chatters incessantly, and does not talk coherently, she does not answer questions rationally.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
By the inspector — She has used violence to her mother, & threatened her

Name and Medical Designation, J Hunter Dyden

Place of Abode, 39 Castle Street, Dumfries

DATED this 23rd day of July One thousand eight hundred and eighty five years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Hugh Cunningham
being a (1) Licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons in 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) 13 Shakespeare Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Georgina McCall, a Pauper and saw the said Georgina McCall is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She talks wildly and incoherently.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Hugh Cunningham M.D.

Place of Abode 25 Castle Street, Dumfries

DATED this twenty third day of July One thousand eight hundred and eighty five years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Hugh Cunningham being (1) Licentiate of the Royal College of Physicians in Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) 13 Shakespeare Street in the County of Dumfries, seen and personally examined Georgina McCall, Pauper, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Hugh Cunningham M.D. L.R.C.P. Edin

DATED this twenty third day of July One thousand eight hundred and eighty five years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Maxwell Inspector of Poor Troqueer Certificates under the hands of James Hunter Dryden, and Hugh Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Georgina McCall, 13 Shakespeare Street Dumfries (a pauper) and that the said Georgina McCall, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Georgina McCall, 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 Georgina McCall which accompanied the said Petition.

DATED this Twenty fourth day of July, One thousand eight hundred and eighty five

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Georgina M Cale.

Iroquois.

Admitted 23 July 1885

8265.

[FORM B.]

GENERAL BOARD OF LUNACY 22 JUL 85 SCOTLAND

25 and 26 Vict. Cap. 54, Sect. 16.

PPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

the undersigned Agnes Sinclair, Market Place, Melrose ing desirous to transfer William Sinclair, my husband present a Patient in Roxburgh District Asylum, and (1) detained at my instance from the said Asylum to the Asylum at Dumfries hereby request the authority of Board to such transfer; and I subjoin a Statement of Particulars regarding the said William Sinclair and a Medical Certificate with pect to his mental and bodily condition.

(1) If Lunatic is not a Pauper: detained at my instance, or whose nearest known relative I am. If Lunatic is a Pauper: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

Agnes Sinclair

(2) Wife

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Melrose this 18th day of July One thousand eight hundred and Eighty-five

STATEMENT.

1. Christian Name and Surname of Patient at length,	William Sinclair
2. Sex and Age,	Male 51 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and Previous Occupation (if any),	Draper
5. Religious Persuasion, so far as known,	Protestant - U.P.
6. Date of Admission into Asylum,	December 10th 1882
7. Length of time Insane,	Three years about
8. Whether first Attack,	No
9. Age (if known) on first Attack,	25 Years
10. Duration of existing Attack,	See No 7
11. Supposed Cause,	Heredity and previous attacks
12. Whether subject to Epilepsy,	No.
13. Whether Suicidal,	No
14. Whether Dangerous to others,	No?
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	a Private case
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of his Family known to be, or to have been Insane,	Agnes Rutherford or Sinclair - his wife - residing at Market place. Melrose a brother and sister also treated at Melrose Asylum

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) Agnes Sinclair

DATED this 18th day of July One thousand eight hundred and Eighty-five

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

Admitted 23 July 1885

No queer.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned S. Grierson being (1) a member of the Royal College of Surgeons Eng[illegible] hereby certify that I have this day at (2) the District Asylum for [illegible] personally examined William Sinclair at present a Patient in said Asylum, and with respect to his Mental State that he has [illegible] delusions relating to both the living & the dead [illegible] occupied too largely about his changed condition now & hopeless [illegible] prospect for the hereafter — all which worry and unfi[illegible] for home life or continuous out of self effort ; and with respect to his Bodily Health and Condition that they are full & good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries

Samuel Grierson

DATED this Twentieth day of July One thousand eight hundred and Eighty five

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SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sheriff*)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

Application having been made to the Board by (1) Agnes Sinclair to authorize the transfer of William Sinclair from Roxburgh District Asylum to Crichton Royal Institution, Dumfries and the Board having considered such application [illegible] the accompanying Medical Certificate, do hereby authorize the transfer (2) of the [illegible] William Sinclair as requested.

(2) Valid for fourteen days from date.

[signature] Commissioner

DATED at Edinburgh, this 22nd day of July thousand eight hundred and eighty five.

Date of Sheriff's Order.
13th December, 1884.

Admitted 31 July 1885

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of (2)

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) Jervis C. Paterson Draper's Assistant Greenock

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Isabella M. Arthur Stewart or Paterson,

(4) State degree of Relationship, or other capacity which Petitioner stands Lunatic.

your Petitioner's (4) wife

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isabella M. Arthur Stewart or Paterson, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Jervis C. Paterson

(5) The date of the Petition must be within four-ten clear days following the dates of the Medical Certificate.

DATED this 31 (5) day of July — One thousand eight hundred and eighty-five

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Isabella M. Arthur Stewart
Sex and age,	for Paterson
Married, Single, or Widowed,	Married
Condition of Life and previous Occupation (if any),	Draper's Assistant's wife
Religious Persuasion, so far as known,	Protestant
Previous place of abode,	Greenock
Place where found and examined,	Kitchland Farm, Parish of Inverkip
Length of time Insane,	About 3 months
Whether First Attack,	Second
Age (if known) on First Attack,	Fifty
When and where previously under Examination and treatment,	Smithston
Duration of Existing Attack,	Two months
Supposed Cause,	Joy
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	No
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
Date of becoming Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Stewart Falside House Brother Paisley none insane
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 31st day of July — One thousand eight hundred and eighty five

(To be signed by the Party applying) Jervis C. Paterson

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education. - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - -
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - -
16. Has he threatened or attempted violence to others? If so, in what way? - -
17. How long has he been insane? - - -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, James Wallace, being (1) a Graduate in Med. of the Univ. of Geo[illegible] hereby certify, on soul and conscience, that I have this day, at Catchland Farm, Paris in the County of Renfrew, seen and personally examined Isabella M. Arthur Stewart of Paterson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Wallace, M.D.

DATED this 31st day of July One thousand eight hundred and eighty-five

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, John Campbell Douglas being a (1) Lic. Roy. College of Surgeons, Edinr. and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day at (3) Leitchland Farm, Inverkip Parish in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Isabella McArthur Stewart or Paterson and that the said Isabella McArthur Stewart or 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) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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.*

Is very violent: rolling and dancing about the floor. Embraced me as an old sweetheart: talks incessantly on no connected subject, whatever comes to her mind.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) *(7) State the Information, and from whom derived.*

Mrs. McLean, her nurse, says she (the patient) dances and sings all day. Sleeps none. Occasionally gets violent and tries to bite and strike. Is always talking about getting married. Her conversation is always on lewd subjects.

Name and Medical Designation, John Campbell Douglas. MB. LRCS Ed

Place of Abode, 22 Union Street, Greenock

DATED this Thirty first day of July — One thousand eight hundred and eighty five years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Wallace being a (1) Aad. in Med. of the Univ. 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) Leitchland Farm, Parish of Inverkip in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Isabella McArthur Stewart or Paterson and that the said Isabella McArthur Stewart or 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) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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.*

Is in a state of extreme excitement & incoherence, indecent in her person & talk, destructive to clothing, furniture, &c.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) *(7) State the Information, and from whom derived.*

Her husband states that she has required special watching for some time.

Name and Medical Designation, James Wallace, M.D.

Place of Abode, 16 Union St. Greenock

DATED this thirty-first day of July One thousand eight hundred and eighty-five

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Stope — (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) J. C. Paterson, Draper's Assistant, Greenock, Certificates under the hands of John Campbell Douglas, — and James Wallace —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Isabella McArthur Stewart or Paterson, Draper's Assistant, and that the said Isabella McArthur Stewart or Paterson is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Isabella McArthur Stewart or Paterson as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella McArthur Stewart which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Third — day of August — One thousand eight hundred and eighty five years.

David Boyle Stope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Isabella McArthur Stewart or Paterson

Date of Admission, 1st August 1885.

25 & 26 Vict., Cap. 54, Sect. 15.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway,
and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) James Altham Brunswick Hall, Penrith,
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Mary Altham
your Petitioner's (4) Sister
is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Altham to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

James Altham

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this third (5) day of August One thousand eight hundred and eighty-five years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Altham
2. Sex and age,	Female. 34 yrs
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	None
5. Religious Persuasion, so far as known,	Quaker
6. Previous place of abode,	Brunswick Hall. Penrith
7. Place where found and examined,	Found at penrith. Examined at Dumfries
8. Length of time Insane,	1 week
9. Whether First Attack,	Fourth attack
10. Age (if known) on First Attack,	21 yrs
11. When and where previously under Examination and treatment,	Twice at home York Retreat 1880 Crichton Institution. 1882
12. Duration of Existing Attack,	A week.
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	Thomas Altham Esq. Brunswick Hall Penrith An Aunt and first cousin were insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this third day of August One thousand eight hundred and eighty five years.

(To be signed by the Party applying) James Altham

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Penrith
2. Character of Education,	Good
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful & affectionate
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Yes. Fourth attack. Mania
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	Sister died of Dysentery
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	No
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Restlessness, fancies
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	Sleeplessness
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Increased mental excitation
13. What changes have taken place in his bodily symptoms?	Rapid Emaciation
14. Is he dirty, destructive, untidy, or obscene?	No
15. Has he threatened or attempted violence to himself? If so, in what way?	No
16. Has he threatened or attempted violence to others? If so, in what way?	Yes
17. How long has he been insane?	A week

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, James Hunter Dryden being (1) Licentiate Royal College Physicians Edin hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined Mary Altham, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Hunter Dryden RCPSEdin

DATED this third day of August One thousand eight hundred and eighty five years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal College of Physicians and Surgeons Edinr and being in actual practice as a (2) general medical practitioner hereby certify, on soul and conscience, that I have this day at (3) 39 Castle Street, Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Mary Altham, and that the said Mary Altham is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) Her facial expression indicates mental disorder. She is excited & talks incoherently

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

By her brother — She has had previous residence in an Asylum. She has used violence to her relatives

Name and Medical Designation, J Hunter Dryden Sr Ed

Place of Abode, 39 Castle Street, Dp

DATED this Third day of August One thousand eight hundred and eighty five years

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Richard B. Lorraine being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Altham of Brunswick Hall Kenrith and that the said Mary Altham is a (5) lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6)

(6) *State the Facts.*

very restless talks incoherently says she has no brothers although one brought here at another time saying she does not know where he is

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Richard B. Lorraine M.B.C.M. Edinr

Place of Abode, 16 Castle St. Dumfries

DATED this the third day of August One thousand eight hundred and eighty five

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, William Young Harris Shortt (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Althaus Brunswick Hall, Penrith Certificates under the hands of James Hunter Dryden, and Richard B. Lorraine, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Althaus, Brunswick Hall, Penrith, (Petitioner) and that the said Mary Althaus, is a (5) person of unsound mind, a Lunatic,

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Althaus as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Althaus, which accompanied the said Petition.

DATED this Fourth day of August One thousand eight hundred and eighty five years.

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

W. H. Shortt

Name, Mary Althaus

Date of Admission, 3 August 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward, Bailie or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (1) County~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of Francis Ker, Inspector of Poor. Gretna,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Steel, Rigg of Gretna,

(2) State degree of Relationship or other circumstances in which Petitioner stands to Lunatic.

your Petitioner's (2) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Steel, to the Southern Counties, Dumfries—and to sanction His admission into the said Asylum.

Francis Ker. Insp of Poor. Gretna,

(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 August— One thousand eight hundred and Eighty five years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Steel.
2. Sex and Age,	Male, 56 years
3. Married, Single, or Widowed,	Married. Deserted by the Wife
4. Condition of Life, and previous Occupation (if any),	Tailor
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Rigg, many years
7. Place where Found and Examined,	Rigg of Gretna
8. Length of time Insane,	2 or 3. Weeks
9. Whether First Attack,	4th attack
10. Age (if known) on First Attack,	about 25 years
11. When and where previously under Examination and Treatment,	Southern Counties. Dumfries
12. Duration of Existing Attack,	2. or 3. Weeks
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Not sure
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Gretna Parish
18. Date of becoming Chargeable,	Casual several weeks
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Isabella Steel, Daughter, Rigg, of Gretna, in family. No other member of family known to be Insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Third day of August— One thousand eight hundred and Eighty five years

(*To be signed by Party applying*) Francis Ker

P. p.

Gretna.

Admitted 5 August 1885

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Lanark *and his Substitutes*—

The Petition of Alexander Fenton Inspector of Poor Crawfordjohn

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Forrest presently residing at Crawfordjohn

(3) State degree of cousinship or other affinity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper and under his charge.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Forrest to the Crichton Royal Institution Dumfries and to sanction her admission into the said Asylum.

Alexander Fenton

(4) The date of the Petition must be within fifteen clear days following the dates of the Medical Certificates.

DATED this fourth (4) day of August One thousand eight hundred and eighty 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,	Helen Forrest
2.	Sex and Age,	Female about 44.
3.	Married, Single, or Widowed,	Single
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,	Crawfordjohn
7.	Place where Found and Examined,	do
8.	Length of time Insane,	not known
9.	Whether First Attack,	First attack
10.	Age (if known) on First Attack,	not known
11.	When and where previously under Examination and 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,	Parish of Crawfordjohn
18.	Date of becoming Chargeable,	1st August 1885
19.	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Charles Forrest Father residing at Crawfordjohn
20.	Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this fourth day of August One thousand eight hundred and eighty five

(*To be signed by Party applying*) Alexander Fenton P.P.
Inspector of Poor.

Received 5 August 1885

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Weir Wylie being a (1) Fellow of the Royal College of Surgeons and a Licentiate of the Royal College of Physicians 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) Grantonpom in the County of Lanark separately from any other Medical Practitioner visited and personally examined (4) Helen Forrest a Pauper and the said Helen Forrest 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 exceedingly restless, constantly outcry, noisy and generally singing, and while seated she is constantly moving about and restless when interfered with. She will not sit down and give an explanation of her conduct, says she is best when dancing. She refuses to take food.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her father told me that when she came home from service in Biggar about fourteen years ago he observed a marked change in her demeanour. She is at times quiet during the night looking at the fire and will sit during the day. She told him her hair was wrong. After her father saw her three days and nights she was more quiet, not eating much and in every

Name and Medical Designation, Robert Wylie F.R.C.S.E. L.R.C.P.Edin.

Place of Abode, Biggar Lanarkshire

DATED this 1st day of August One thousand hundred and 95

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Sheddon Elder being a (1) Licentiate of the Royal College of Surgeons Edin and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Crampton Lanark in the County separately from any other Medical Practitioner visited and personally examined (4) Helen Forrest and the said Helen Forrest is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She was in a state of excitement, talking in a restless excited manner constantly talking upon different subjects & not a moment at rest

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Ruxton Inspector states that he found her from days, singing & dancing & rambling about the village refusing to remain in her own house

Name and Medical Designation, Jas S. Elder L.R.C.S.E. L.R.C.P.E.

Place of Abode Abington

DATED this 4th day of Aug. One thousand eight hundred and

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Hogarth (1) Sheriff Substitute
of the (2) County of Lanark
having had produced to me, with a Petition at the instance of (3) Alexander Reuten, Inspector of Poor of the parish of Crawford John
Certificates under the hands of Robert Meikle F.R.C.S.E. Douglas
and James Elder L.R.C.S.E. Abington, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Forrest, presently residing at Crawford John (Parish) and that the said
Helen Forrest is a (5) Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Forrest as a Patient into the (6) Crichton Royal ~~Asylum~~ 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 Forrest which accompanied the said Petition.

DATED this Fourth day of August One thousand eight hundred and eighty five

David Hogarth

To the Superintendent of the (7) Crichton Royal ~~Asylum~~ Institution, Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Helen Forbes.

Crawford John

Admitted 5 August 1885

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries and Galloway, *and his Substitutes,*—

The Petition of Miles McC. Jones, Inspector Poor, Dumfries.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Burns

(3) State degree of Relationship or other Capacity in which Petitioner stands to Lunatic. your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Burns to the Southern Counties Asylum and to sanction her admission into the said Asylum. Two words filled in

Miles McC. Jones

(4) The date of the Petition must be within fifteen clear days following the dates of the Medical Certificates.

DATED this Sixth (4) day of August One thousand eight hundred and Eighty Five years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Helen Burns
2. Sex and Age,	Female: 40 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	D. Servant
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Not Given.
7. Place where Found and Examined,	Parochial Board Office, Dumfries.
8. Length of time Insane,	Not known
9. Whether First Attack,	No
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	Lept S. A. Asylum 14th June 1883.
12. Duration of Existing Attack,	Not known
13. Supposed Cause,	"
14. Whether subject to Epilepsy,	No not so far as known
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries Examiner
18. Date of becoming Chargeable,	5th August 1885
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Not Known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fifth day of August One thousand eight hundred and Eighty Five years.

(*To be signed by Party applying*) Miles McC. Jones

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 Ingram Smith
being a (1) Graduate of the Faculty of Physicians and Surgeons Glasgow and Licentiate of the
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Parochial
Office Dumfries in the County
of Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Helen Burns (a pauper)
the said Helen Burns is a (5) person
of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Incoherent
in her speech. Says she is being tormented by spirits who
appear before her. That they keep her from sleeping
at night

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
As reported by Mrs Mitchell
Mother Constable Mitchell

Name and Medical Designation, William Ingram Smith M.B. C.M.

Place of Abode, 24 Buccleuch Street

DATED this 6th day of August One thousand eight
hundred and eighty 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 Smith
being a (1) Graduate in Medicine of Edinburgh
University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Southern
Asylum, Dumfries in the County
of Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Helen Burns. a pauper
and
the said Helen Burns 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) Incoherent
in speech & delusions. Tells me she is being tormented by spirits who appear
before her. That they keep her from sleeping
at night

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
was previously an inmate of
Southern Counties Asylum

Name and Medical Designation, John Smith M.B. C.M.

Place of Abode 24 Buccleuch Street Dumfries

DATED this 6th day of August One thousand eight
hundred and eighty five years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned William Marshall Surgeon & College of Surgeons being (1) Graduate of the Faculty of Physicians & Surgeons hereby certify, on soul and conscience, that I have this day, at (2) Parochial Board Office in the County of Dumfries, seen and personally examined Helen Burns, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

W Marshall M.D. &c

DATED this 5th day of August One thousand eight hundred and Eighty five years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Herries Smith Tenancy Sheriff Substitute, of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Miles McInnes Inspector of Poor Dumfries Certificates under the hands of William Marshall and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Helen Burns with no fixed residence (a Pauper) and that the said Helen Burns, is a (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 Burns as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Burns, which accompanied the said Petition.

DATED this Sixth day of August, One thousand eight hundred and eighty five.

W H Smith

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Helen Burns.

Dumfries

Admitted 5 August 1885

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Stewart, Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (1)~~

of Dumfries Kirkcudbright and his Substitutes—

The Petition of James McGunnin Lanarkshire, ~~and~~ John McGunnin Kirkcudbright,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jessie McLean or McGunnin

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (2) wife

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jessie McLean or McGunnin to the Dumfries & Galloway Asylum and to sanction her admission into the the said Asylum.

John McGunnin

(3) The date of the Order must be within Seven clear days following the dates of the Medical Certificates.

DATED this 8th (3) day of August One thousand eight hundred and Eighty 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,	Jessie McLean or McGunnin
2. Sex and Age,	Female aged three years of age
3. Married, Widowed, or Single,	Married
4. Condition of Life, and previous Occupation (if any),	wife of Labourer at Kenmure
5. Religious Persuasion, so far as known,	Established Kirk
6. Previous Place of Abode,	Balmaghie
7. Place where Found and Examined,	Wood Cottage, Kenmure, Kirkcudbright
8. Length of time Insane,	~~two months~~ several
9. Whether first Attack,	about forty seven
10. Age (if known) on first Attack,	Dumfries & Galloway asylum
11. When and where previously under Examination and Treatment,	several months
12. Duration of existing Attack,	? change of life & dyspepsia
13. Supposed Cause,	no
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	Have shown - probably
16. Whether Dangerous to others,	~~Feels Faint, Sick or Weight~~
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	~~9th Aug 1885~~
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Jane McLean Thompson sister - Not known that any have been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 9th day of August One thousand eight hundred and Eighty five

(*To be signed by Party applying*) John McGunnin

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, David Arthur ——
being a (1) Bachelor of Medicine and ——
Master of Surgery
and being in actual practice as a (2) Physician and Surgeon,
hereby certify, on soul and conscience, that I have this day, at (3) Wood
cottage New Galloway ——— in the C
Kirkcudbright separately from any other Medical Pract
visited and personally examined Jessie Mc'Jean or Mc'
of Wood Cottage New Galloway
the said Jessie Mc'Lean or Mc'Jannis is a (5) of
unsound mind ——— and a proper person to be d
under Care and Treatment, and that I have formed this opinion upon the fo
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Refuses to go to husband, while he
alive and living with her
That her children have all deserted

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
She tried to commit suicide.
Informed by Jessie Jane Mc'Jannis
Wood Cottage New G

Name and Medical Designation, David Arthur

Place of Abode, New Galloway

DATED this ninth day of August One thousand
hundred and eighty five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or 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) Licentiate of the Faculty of Physician
Surgeons Glasgow College of the Graduates
and being in actual practice as a (2) Physician Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) County Buil
Dumfries ——— in the County of
Dumfries ——— separately from any other Medical Practitioner,
visited and personally examined (4) Jessie McLean or McJannis
Wood Cottage Kenmure New Galloway and that
the said Jessie McLean or McJannis a (5) Patient
unsound mind ——— and a proper person to be detained
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 all persons are conspiring
against her: Is in fear for the safety
of her children &c &c

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Thomas Duff, Gardener Kenmure who
: conversing freely informs me that
she has attempted to commit
within the last few days.

Name and Medical Designation, Wm Marshall M.D.

Place of Abode 27 Queensberry St Dumfries

DATED this twelfth day of August One thousand eight
hundred and eighty five years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Norries Shortt, Esquire, Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John McGinnis Gamekeeper, Renmore Castle New Galloway, Certificates under the hands of David Arthur 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) Jessie McLean or McGinnis (Petitioner's wife) and that the said Jessie McLean or McGinnis is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jessie McLean or McGinnis a Patient into the (6) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jessie McLean or McGinnis which accompanied the said Petition.

DATED this Tenth day of August, One thousand eight hundred and eighty five years.

W. H. Shortt

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Jessie M Kean or M. Vaughan

Admitted 10th August 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Dumfries & Galloway and his Substitutes—

The Petition of John Maxwell. Insp.r of Poor Troqueer humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Dobie. 16 College St. Maxtn. your Petitioner's (3) Pauper. is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Dobie to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Maxwell.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Tenth (4) day of August One thousand eight hundred and eighty four 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 Dobie.
2. Sex and Age,	Female. aged 64 Years.
3. Married, Single, or Widowed,	Single,
4. Condition of Life, and previous Occupation (if any),	Pauper, formerly Housekeeper,
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	16 College Street. Maxwelltown.
7. Place where Found and Examined,	16 College Street. Maxwelltown.
8. Length of time Insane,	not Known. thought to be a few hours.
9. Whether First Attack,	First attack.
10. Age (if known) on First Attack,	64 Years.
11. When and where previously under Examination and Treatment,	Never under Treatment before.
12. Duration of Existing Attack,	a few Hours
13. Supposed Cause,	no known Cause
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,	Troqueer.
18. Date of becoming Chargeable,	6th February. 1884.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Has some far out Relation at Gilnorth Cottage. Troqueer.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 10th day of August One thousand eight hundred and eighty four.

(*To be signed by Party applying*) John Maxwell. Insp.r of Poor. Troqueer.

P. P.

Admitted 10th August 1884

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal Colleges of Physicians and Surgeons Edinr. and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) 16 College Street Maxwelltown, in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Agnes Dobie, a pauper and that the said Agnes Dobie is a (5) person of unsound mind and a proper Person to be detained 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 will not take her food, is dull, & stupid looking, & will not speak to any of her friends — She has this morning attempted suicide —

2. Other facts (if any) indicating Insanity communicated to me by others: (7) By her neighbours — She has latterly become morose & sullen, & has threatened vi[illegible]

Name and Medical Designation, J Hunter Dryden LRCPH

Place of Abode, 39 Castle Street, Dumfries

DATED this tenth day of August — One thousand eight hundred and eighty five 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 Cunningham being a (1) Licentiate of the Royal Colleges of Physicians & Surgeons Edinr. Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 16 College St. Maxwelltown, in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Agnes Dobie, Pauper 16 College St Maxwelltown and that the said Agnes Dobie is a (5) person of unsound mind and a proper person to be detained 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 facial expression indicates mental disorder.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She refuses food & attempted suicide & has threatened the neighbours with vio[illegible] The above information was given by Mrs Cha[illegible]

Name and Medical Designation, John Cunningham MD LRCP

Place of Abode Dumfries

DATED this Tenth day of August One thousand eight hundred and eighty five years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Hunter Dryden being (1) Licentiate of the Royal Colleges of Physicians Edinr hereby certify, on soul and conscience, that I have this day, at (2) 16 College St in the County of Kirkcudbright, seen and personally examined Agnes Dobie, a pauper, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J Hunter Dryden SRCP. & Ed.

DATED this tenth day of August One thousand eight hundred and eighty five years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Norries Sheriff Esquire, Honorary Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Maxwell, Inspector of Poor, Troqueer, Certificates under the hands of James Hunter Dryden and John Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Dobie, 16 College St. Maxwelltown (a pauper) and that the said Agnes Dobie, is a (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 Dobie as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Dobie which accompanied the said Petition.

DATED this Tenth day of August, One thousand eight hundred and eighty five.

W H Sheriff

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 m'nd.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Iroquois.

Admitted 10 August 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries and of Galloway *and his Substitutes,*—

The Petition of Miles McInnes, Inspt of Poor Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Henry Brown,— your Petitioner's (3) Pauper, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said George Henry Brown to the Southern Counties Asylum and to sanction his admission into the said Asylum.

pro Miles McInnes
J Graham

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

DATED this 10th (4) day of August One thousand eight hundred and eighty five years.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Moquee.
Admitted 10 August 1885.

STATEMENT.

If any 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 Henry Brown.
2 Sex and Age,	Male – 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,	Protestant
6 Previous Place of Abode,	93 High St
7 Place where Found and Examined,	93 do do
8 Length of time Insane,	a few days
9 Whether First Attack,	Second
10 Age (if known) on First Attack,	23 years.
11 When and where previously under Examination and Treatment,	Netly – Southampton
12 Duration of Existing Attack,	a week
13 Supposed Cause,	–
14 Whether subject to Epilepsy,	No
15 Whether Suicidal,	No
16 Whether Dangerous to others,	No
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18 Date of becoming Chargeable,	10th August 1885.
19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Elizabeth Heathington, Mother. 93 High Street No
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 12th day of August One thousand eight hundred and eighty five years.

(*To be signed by Party applying*) pro: Miles McInnes
P. p.
J. Graham

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith ——
being a (1) Graduate in medicine of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 93 High
Dumfries. ——— in the County
Dumfries. ——— separately from any other Medical Practitioner,
visited and personally examined (4) George Henry Brown
Pauper. ——— and that
the said George Henry 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) Visited me
appearance & delusions. Tells me that he is
annoyed with those around him both night & day
that they have designs on to annoy & injure

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His mother informs me that he has
delusions that he is restless both at night & during
the day & those around him. & that people refuse
to have beside him.

Name and Medical Designation, John Smith
Place of Abode, 14 Castle St Dumfries

DATED this 10th day of August One thousand eight
hundred and 95 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, Archibald Marshall ——
being a (1) Graduate of the Faculty of Physicians
and Surgeons Glasgow and Edinr & Member
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) ~~20~~ 93 High
Dumfries ——— in the County
Dumfries ——— separately from any other Medical Practitioner,
visited and personally examined (4) George Henry Brown
and the
the said George Henry 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) Talks incoherently
Has delusions as to the head of those
who have not before him & refuses
food by enemies & has for the last
few days

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His mother state that he is very
and roams about at night &

Name and Medical Designation, Archd Marshall M.D.
Place of Abode 29 Buccleuch St Dumfries

DATED this 10th day of August One thousand eight
hundred and eighty five years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Smith being (1) Graduate in Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 93 High St. Dumfries in the County of Dumfries, seen and personally examined George Henry Brown, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith M.D. &c.

DATED this 10th day of August One thousand eight hundred and 85 years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Norrie Shortt (1) Honorary Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Miles Dr. Innes, Inspector of Poor, Dumfries, Certificates under the hands of John Smith, and William Marshall, , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) George Henry Brown 93 High Street Dumfries and that the said a pauper George Henry 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 George Henry Brown, as a Patient into the (6) Public Asylum of Southern Counties, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said George Henry Brown, which accompanied the said Petition.

DATED this Twelfth day of August, One thousand eight hundred and eighty five.

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries. W. H. Smith

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

George Irving Brown.

Dumfries

Admitted 10th August 1885

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway,

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) Annette Valentine, Widow, Stone Terrace Douglas, Isle of Man

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Annette Ellen Valentine,

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) Daughter,

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Annette Ellen Valentine to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Annette Valentine

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this Eighteenth (5) day of August, One thousand eight hundred and eighty five years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Annette Ellen Valentine.
2. Sex and age,	Female. Thirty six years
3. Married, Single, or Widowed,	Single.
4. Condition of Life and previous Occupation (if any),	Gentlewoman. No occupation.
5. Religious Persuasion, so far as known,	Church of England
6. Previous place of abode,	Douglas. Isle of Man.
7. Place where found and examined,	Dumfries.
8. Length of time Insane,	About four years
9. Whether First Attack,	No
10. Age (if known) on First Attack,	25 years
11. When and where previously under Examination and treatment,	Never previously under treatment.
12. Duration of Existing Attack,	About four years.
13. Supposed Cause,	Not known.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not chargeable.
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Annette Valentine 1. Osborne Terrace Douglas I. of Man Widow, and Mother of Patient. No member of family known to the have been insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eighteenth day of August, One thousand eight hundred and eighty five years.

(To be signed by the Party applying) Annette Valentine

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	1. Southampton Street - Bloomsbury Square. Lon
2. Character of Education,	Liberal.
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Melancholy - timid, not frank.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Industrious, and quite temperate
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Probably, in 1874 - attack passed a few months: deeply depressed: at home.
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	Father died of inflamation of the Sister has severe - chronic. Kidney co
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	From the age of 14 - 16 about 24 she suffe from sleeplessness. ~~no other disease~~ - to a succession of glandular boils made over the eye.
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	Was in the habit of taking small doses
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Great depression - delusive fancies table turning & planchette.
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	Sleeplessness - falling off of flesh. pain in the head.
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	
13. What changes have taken place in his bodily symptoms?	She has lost flesh.
14. Is he dirty, destructive, untidy, or obscene?	No.
15. Has he threatened or attempted violence to himself? If so, in what way?	Once, in 1874 tried to take a large dose of
16. Has he threatened or attempted violence to others? If so, in what way?	Never in any way Whatever.
17. How long has he been insane?	

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

.....

DATED this day of One thousand eight hundred and .

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, William Smith Kerr
being a (1) graduate of Glasgow University &
also 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) Annette Ellen Valentine
and that
the said Annette Ellen Valentine is a (5) person of
unsound mind and a proper person to be detained
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 and has been for some years, under delusions, especially of being followed and disliked by a man, & She is weak and incoherent

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Dr Smith says she is restless, weak
hysterical, requiring constant supervision.

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the Facts.*
(7) *State the Information, and from whom derived.*

Name and Medical Designation, } ..... W. S. Kerr M.D. .....

Place of Abode, ... Dumfries .....

DATED this 17th day of August One thousand eight hundred and Eighty five years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Robert John Collie
being a (1) Doctor of Medicine of Aberdeen University
also being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Crichton
Royal Institution in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Annette Ellen Valentine
and that
the said Annette Ellen Valentine 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 a depressed look. She has the delusion that birds speak to her telling her to get out of bed &c. She talks incoherently

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Dr Smith informs me she is depressed and
is constantly hiding herself without giving any reason
for so doing

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the Facts.*
(7) *State the Information, and from whom derived.*

Name and Medical Designation, } ..... Robert J. Collie ..... M.D.

Place of Abode, ... 39 Castle Street ..... Dumfries

DATED this Seventeenth day of August One thousand eight hundred and Eighty five years.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSI[illegible]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

I William Irving Horner Sheriff (1) Honorary Sheriff-Sub[illegible] of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Annette Ellen Valentine 1 Osborne Terrace Douglas, Isle of Man[illegible] Certificates under the hands of William Smith Kerr and Robert J. Collie, being two Medical Pers[illegible] duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care a[illegible] Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lun[illegible] Asylums in Scotland," setting forth that they had separately visited and examined [illegible] Ellen Valentine Douglas aforesaid (Petrodaughter) and that the s[illegible] Annette Ellen Valentine is a (5) person of unsound [illegible] and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you [illegible] receive the said Annette Ellen Valentine as a Patient into t[illegible] Crichton Royal Institution for the Insane at Dumfries, and I authorize her [illegible] Transmission to the said Asylum accordingly; and I transmit you herewith the s[illegible] Medical Certificates, and a Statement regarding the said Annette Ellen V[illegible] which accompanied the said Petition.

DATED this Eighteenth day of August, One thousand eig[illegible] hundred and eighty five.

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

[illegible]

Name, Miss Annette Ellen Valentine

Date of Admission, 19 August 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Ships or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) ~~County~~ of Dumfries & Galloway and his Substitutes,

The Petition of Robert Duff Inspector of Poor, Kirkmahoe

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Balmer,

(3) State degree of relationship or other cause in which Petitioner stands to Luna.

your Petitioner's (3) pauper, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said George Balmer, to the R.C. Asylum and to sanction his admission into the said Asylum.

Robert Duff

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this ~~Twenty third~~ (4) day of ~~2nd~~ 2d day of August One thousand eight hundred and 85.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	George Balmer.
Sex and Age,	Male 36.
Married, Single, or Widowed,	Married.
Condition of Life, and previous Occupation (if any),	Labourer.
Religious Persuasion, so far as known,	Protestant.
Previous Place of Abode,	Dumfries.
Place where Found and Examined,	Do.
Length of time Insane,	2 months.
Whether First Attack,	no.
Age (if known) on First Attack,	38 yrs.
When and where previously under Examination and Treatment,	D. C. A.
Duration of Existing Attack,	—
Supposed Cause,	None
Whether subject to Epilepsy,	None
Whether Suicidal,	—
Whether Dangerous to others,	—
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	~~Dumfries~~ Kirkmahoe.
Date of becoming Chargeable,	23d August 85.
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	George Balmer, Dumfries,
Special circumstances (if any) preventing the insertion of any of the above particulars,	— — —

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 23d day of August One thousand eight hundred and 85.

(*To be signed by Party applying*) Robert Duff

P. P.

Inspector of Poor

Kirkmahoe

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, J D Innes M.D. being a (1) Graduate of Medicine of the University of Glasgow & a Licentiate of the Faculty of Physicians & Surgeons & Surgeon and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Sunnybrae, Clutton Lodge, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) George Balmer and the said George Balmer 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) using threatening Language & showing violence to the contents of his household.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) threatening to knock his wifes brains out with a hammer & also threatening to cut her throat with a razor.

Name and Medical Designation, J D Innes M.D.

Place of Abode, Clutton Lodge.

DATED this 23rd day of August One thousand eight hundred and Eighty Five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, J G Marshall M.B. being a (1) Graduate of Medicine of the University of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify on soul and conscience, that I have this day, at (3) Sunnybrae Lodge Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) George Balmer Sunnybrae Lodge Dumfries and the said George Balmer is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Patient talks incoherently. states he came from Moniaive this morning and talks in a general rambling way.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He has been using threats against his wife.

Name and Medical Designation, J G Marshall M.B.

Place of Abode Buccleuch St Dumfries

DATED this 23 day of August One thousand eight hundred and eighty five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Joseph Dinwiddie, Surgeon & Licentiate being (1) a Graduate of the University of Edinburgh of the Faculty of Physicians & Surgeons hereby certify, on soul and conscience, that I have this day, at (2) Sunnybrae in the County of Dumfries, seen and personally examined George Balmer, and that the said George Balmer person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J. Dinwiddie M.D.

DATED this 23d day of August One thousand eight hundred and Eighty-Five

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Harris Shoe (3) Honorary Sheriff-Substitute, of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert Duff, Inspector of Poor, Kirkmahoe, Certificates under the hands of J. Dinwiddie and J. G. Marshall, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) George Balmer, Sunnybrae, Kirkmahoe (a Pauper) and that the said George Balmer is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said George Balmer as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said George Balmer, which accompanied the said Petition.

DATED this Twenty fourth day of August, One thousand eight hundred and eighty five.

W. H. Shoe

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No. 4773.

George Balmer.

Kirkmahoe.

Admitted 23 August 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (1) Dumfries *of* and Galloway *and his Substitutes,*—

The Petition of James Kelly Inspector of Poor of Kirkmahoe

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Houston Pauper

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

~~your Petitioner's~~ (2) Residing in Inmate of Dalgleuch Shire Sanitorium is at present in a state of Mental Derangement, and 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 Houston to the Southern Counties Asylum and to sanction her admission into the said Asylum.

James Kelly

(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 August One thousand eight hundred and eighty five

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Agnes Houston
2. Sex and Age,	Female 26
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Stranraer
7. Place where Found and Examined,	In Townships Poor House
8. Length of time Insane,	Not Known
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	26
11. When and where previously under Examination and Treatment,	Never before under treatment
12. Duration of Existing Attack,	Not Known
13. Supposed Cause,	Do
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,	Stranraer
18. Date of becoming Chargeable,	24 August 1885
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Not Known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 24th day of August One thousand eight hundred and eighty five

(*To be signed by Party applying*) James Kelly

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Easton being a (1) Bachelor of Medicine & Master in Surger and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Poorhouse Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Agnes Housten - pauper in Poorhouse (Wigtownshire Combination) and that the said Agnes Housten is a (5) idiot and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She is completely imbecile - unable to take care of herself or to be left alone. On questioning [illegible] I can obtain no answer

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
She is subject to fits of temper & strikes other inmates (stated by woman who superintends ward)
She takes every opportunity of escaping & on the last occasion after escape she was found after a long search by a [illegible] on the banks of the railway (stated by Governor of Poorhouse)

Name and Medical Designation, Thomas Easton M.D.

Place of Abode, Hanover House Stranraer

DATED this 24th day of August One thousand eight hundred and eighty five

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Hugh Cochrane being a (1) Licentiate of the Royal College of Physicians Edinburgh a Licentiate of the Faculty of Physicians & Surgeons Gl and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Combination Poorhouse, Stranraer in the County Wigtown separately from any other Medical Practitioner visited and personally examined (4) Agnes Housten, pauper in said Poorhouse, and that the said Agnes Housten is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 imbecile in her appearance and will not give an answer to the simplest question

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The governor informs me that she is of very dirty habits & occasional bursts into violent fits of temper and dangerous to the other inmates &c

Name and Medical Designation, Hugh Cochrane Sec'y Pro Lt P.

Place of Abode Stranraer

DATED this 24th day of August One thousand eight hundred and eighty-five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William W. Gibbon (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Kelly
Inspector of the Roads
Certificates under the hands of Thomas Easton
and Hugh Cochran , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Agnes Houston and that the said
Agnes Houston is a (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 Houston 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 which accompanied the said Petition.

DATED this 24th day of August One thousand eight hundred and eighty four

W. W. Gibbon Sheriff Substitute

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? - - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? - -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane? - - - -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, Alexander Thomson being (1) a Doctor of Medicine hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined Mrs Sarah Greenock, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alex. Thomson

DATED this 27th day of August One thousand eight hundred and Eighty five years.

(1) State Medical Qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow & Surgeon and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day at (3) 27 Castle Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Sarah Overend, 12 Main St. Cockermouth. (printer & Stationer) and that the said Mrs Sarah Overend is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6)

(6) *State the Facts.*

Her general appearance, and conversation thinks she is continually being moved from place, and that she can get no rest, has a dread of, and apprehension of things about to happen.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Told by her husband, that she has a fear of being poisoned, that she has a fear of dogs, and all kind of noises; and from being a good wishing woman has ceased to attend to it — it sleeplessly.

Name and Medical Designation, Alex Thomson M.D. &c.

Place of Abode, Dumfries

DATED this Twenty seventh day of August. One thousand eight hundred and Eighty five years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Kerr being a (1) Bachelor of Medicine & Master in Surgery of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Sarah Overend, 12 Main St. Cockermouth and that the said Mrs Sarah Overend is a (5) person of unsound mind 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.*

Patient imagines she sees serpents in the dark, says she sees all the known poisons flying in the air. Did not know how long she had been in institution.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, James Kerr M.B. C.M.

Place of Abode, Dumfries

DATED this twenty-eighth day of August One thousand eight hundred and eighty-five years

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, James Bruce —— (3) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Patrick O'Kelly Inverend House Office 12 Main Street Cockermouth Certificates under the hands of Alexander Thomson and James Carr , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Overend 12 Main Street Cockermouth and that the said Sarah Overend — is a (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 Overend — as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twenty ninth day of August One thousand eight hundred and eighty five years.

James Bruce

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Hon. S. S.

Name, Mrs Sarah Overend.

Date of Admission, 29th August 1885.

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway *and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) James McCubbin, Draper, Maybole

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Minnie McCubbin, Nos Yard, Maybole

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) wife

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Minnie McCubbin to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

James McCubbin

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 31st (5) day of August One thousand eight hundred and eighty 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,	Minnie McCubbin
2. Sex and age,	Female, 27 years.
3. Married, Single, or Widowed,	Married.
4. Condition of Life and previous Occupation (if any),	Wife of Draper & Clothier
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous place of abode,	Newyears Maybole
7. Place where found and examined,	Do. Do.
8. Length of time Insane,	Six months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	27 years.
11. When and where previously under Examination and treatment,	At Home Six months
12. Duration of Existing Attack,	Present pregnancy
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Rankine Kirkland. Maybole (Brother)
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 31st day of August One thousand eight hundred and

(To be signed by the Party applying) James McCubbin

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - -
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane? - - -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, Robert Gerwan
being (1) L. R. C. S. Edin
hereby certify, on soul and conscience, that I have this day, at (2) Newgarde Maybo
in the County of Ayr, seen and personally examined
Minnie McCubbin, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Robert Gerwan

DATED this 29 day of August One thousand eight hundred and 95

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Robert Gerrans
being a (1) L. 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) Maybole
in the County of
(Mayfield) separately from any other Medical Practitioner,
visited and personally examined (4) Minnie McCubbin wife of
James McCubbin of Mayfield, Maybole, and that
the said Minnie McCubbin is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) She said in my hearing that she heard her Saviour say to her "Kill three children and then kill herself."

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her nurse—Mrs Alexander said to me that she had to take a knife from her which Mrs McCubbin was going to use upon herself.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Robert Gerrans.

Place of Abode, Maybole

DATED this 19th day of August One thousand eight hundred and 85

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Kerr
being a (1) Bachelor of Medicine & Master in Surgery of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Carlton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Minnie McCubbin wife of James McCubbin of Mayfield, Maybole and that
the said Minnie McCubbin is a (5) person of unsound mind 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) Last night
Patient said she thought it right to kill her three children & send them to heaven before herself. She tried into tears frequently & moaned & cried, saying she has a great dread of some evil coming upon herself & the children.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, James Kerr M.B. C.M.

Place of Abode, Dumfries

DATED this Three Fourth day of August One thousand eight hundred and eighty-five years.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSIO
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, William Herries Shortt (1) Honorary Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James McCubbin Draper Maybole Certificates under the hands of Robert Girvan and James Kerr, being two Medical Person duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care an Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunati Asylums in Scotland," setting forth that they had separately visited and examined (4) Minnie McCubbin of Newyards Maybole Petitioner, and that the said Minnie McCubbin 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 Minnie McCubbin as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Minnie McCubbin which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Thirty first day of August One thousand eight hundred and eighty five.

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

W H Shortt

No. 1178.

Name, Mrs Minnie McCubbin

Date of Admission 29 August 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

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) ~~Shire of Dumfries & Galloway~~ of Dumfries and Galloway *and his Substitutes,—*

The Petition of Peter Gordon Inspector of Poor Kirkcowan Parish humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Duff a pauper lunatic is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Duff to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(SIGNED) Peter Gordon Inspector Poor Kirkcowan

(c) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 31st (c) day of August One thousand eight hundred and Eighty five

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Duff
2. Sex and Age,	66 yrs
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Outdoor worker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Killiemore Penninghame
7. Place where Found and Examined,	Killiemore Penninghame
8. Length of time Insane,	about 2 days
9. Whether first attack,	no, having been many times in the Asylum, not exactly known (but over 30 yrs ago)
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,	2 days or thereby,
13. Supposed Cause,	unknown to me.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes, biting & Striking.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcowan Parish
18. Date of becoming Chargeable,	30th August 1885
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Jane McGuire, Sister Killiemore Penninghame. No member of the family ever 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,* Peter Gordon Inspector of Poor Kirkcowan.

DATED this Thirty first day of August One thousand eight hundred and Eighty five

* 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, Wm. McCracken being a (1) Bachelor of Medicine and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Killiemore ~~Kirkcowan~~ in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Margaret Duff. Pauper residing at Killiemore Parish of Penninghame and that the said Margaret Duff is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Threatening violence on myself
Talking incoherently
Threatening to "do for" neighbours

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Biting and otherwise maltreating Rosanna McGuire. told by herself

(SIGNED) *Name and Medical Designation,* Wm. McCracken MB. CM

Place of Abode, Kirkcowan

DATED this 30th day of August One thousand eight hundred and eighty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Valentine being a (1) Bachelor of Medicine and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Killiemore in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Margaret Duff Killiemore, Penninghame and that the said Margaret Duff is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Gets no food. Threatens to drown people long dead in moss-holes. So reduced to present state from eating pills.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

from Wm. McQuire Brother-in-law. He says that she has been striking the inmates. Can't sleep. So incessantly on the move. Swears & talks night & day.

(SIGNED) *Name and Medical Designation,* John Valentine MB. CM

Place of Abode, Methven

DATED this 30th day of August One thousand eight hundred and eighty five

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 ~~Mackie~~ Mackie Esq. (2) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Peter Gordon
Inspector of Poor Kirkcowan Parish
Certificates under the hands of Wm McCracken MB CM Kirkcowan
and John Valentine MB CM. Mellwen, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Duff, Killemore, Pauper and that the said
Margaret Duff is a (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 Duff 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 Margret Duff which accompanied the said Petition.

(SIGNED) Wm Mackie

DATED this thirty first day of August One thousand eight hundred and eighty five

To the Superintendent of the (7) Southern Counties Asylum of Dumfries

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

Margaret Duff.

Kirkcowan,

Admitted 31 August 1886

25 & 26 Vict., Cap. 54, Sect. 15.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2)

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) Rev Wm Burnet minister of Halfmorton

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Mary Susannah Cummings

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) Wife's 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 Mary Susannah Cummings to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

W Burnet

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 29th (5) day of August One thousand eight hundred and eighty five

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Susannah Cummings
2. Sex and age,	Female –
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	No previous occupation
5. Religious Persuasion, so far as known,	Wesleyan Methodist
6. Previous place of abode,	Carlisle
7. Place where found and examined,	Do
8. Length of time Insane,	
9. Whether First Attack,	Second attack
10. Age (if known) on First Attack,	About 50
11. When and where previously under Examination and treatment,	Crichton Royal Institution
12. Duration of Existing Attack,	
13. Supposed Cause,	Allowing system to become disordered from use of
14. Whether subject to Epilepsy,	No { unsuitable food & neglect of laws of health
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	Sarah Burnet Halfmorton fmane. Cousin No member of her family has been known to be insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 29th day of August One thousand eight hundred and Eighty five

(To be signed by the Party applying) W Burnet

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - -
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - -
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane? - - -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, James Kerr, being (1) a Bachelor of Medicine & Master in Surgery of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution in the County of Dumfries, seen and personally examined Mary Susannah Cummings, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Kerr M.B. Edin.

DATED this Thirty first day of August One thousand eight hundred and eighty five years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Hugh Cunningham
being a (1) Licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons Glasgow
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day at (3) Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Susannah Cummings spinster, of Carlisle, presently residing there and that the said Mary Susannah Cummings is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) She has a wild appearance of the countenance and is restless.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Jessie M'Call, Nurse, informs me that she concealed a knife about her clothes, and that she is very flighty, and desirous to commit suicide

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Hugh Cunningham M.B.C.P.Edin.

Place of Abode, 25 Castle Street, Dumfries

DATED this thirty first day of August One thousand eight hundred and eighty five years

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Kerr
being a (1) Bachelor of Medicine & Master in Surgery of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Susannah Cummings Spinster, Carlisle and that the said Mary Susannah Cummings is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) She answers questions in a rambling way, sometimes talks incoherently. She is restless, states she is badly treated by every body, & wishes she were dead.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Dr Smith informs me that she has frequently attempted to commit Suicide.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, James Kerr M.B.C.M.

Place of Abode, Dumfries

DATED this thirty first day of August One thousand eight hundred and eighty five years.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSIO
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, William Herries Shortt (1) Hony Sheriff Substitu
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) The Reverend
William Burnet Minister of Half Morton
Certificates under the hands of Hugh Cunningham
and James Kerr, being two Medical Perso
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care an
Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunat
Asylums in Scotland," setting forth that they had separately visited and examined (
Mary Susannah Cummings Spinster Carlisle (wife's cousin) and that the sai
Mary Susannah Cummings is a (5) person of unsound mi
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you t
receive the said Mary Susannah Cummings as a Patient into th
Crichton Royal Institution for the Insane at Dumfries, and I authorize her
Transmission to the said Asylum accordingly; and I transmit you herewith the sai
Medical Certificates, and a Statement regarding the said Mary Susannah Cum
which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Second day of September One thousand eigh
hundred and eighty five years.

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

E H Shortt

No. 11700

Name, Mary Susannah Cummings

Date of Admission, 31st August 1885

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries & Galloway and his Substitutes,—

The Petition of John Maxwell. Insp.r of Poor.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Michael Coulter. Ploughman your Petitioner's (3) Charge as 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 Michael Coulter to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) John Maxwell.

DATED this Fourth (4) day of September One thousand eight hundred and eighty five years.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Michael Coulter.
2. Sex and Age,	Male, 37. years on the 1st of april
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Ploughman.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Girds Parish of Tregueer.
7. Place where Found and Examined,	Castle Street. Dumfries
8. Length of time Insane,	about three days
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	37 Years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	never under treatment before so far as is Known.
12. Duration of Existing Attack,	about 3 days.
13. Supposed Cause,	not Known.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	no.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	not as yet Known. Enquired in first place
18. Date of becoming Chargeable,	4th September. 1885.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Peter Coulter. Farmer (deceased) Mother Isabella Tait. also deceased) has a sister Isabella Coulter. 13 Matlock Place. Charlton on Medlock. Manchester.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowlegde, the above particulars are correctly stated.

DATED this Fourth day of September One thousand eight hundred and eighty five years.

(To be signed by the Party applying) John Maxwell. Insp.r P. P. of Poor. Parish of Tregueer.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal College of Surgeons & Physicians Edinburgh and being in actual practice as a (2) physician & surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 33 Castle Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Michael Coulter, Ploughman, Airds, Troqueer and that the said Michael Coulter is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

He is restless and excitable, and cannot talk coherently, he is continually praying & quoting Scripture; and believes that the end of the world is to take place today

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

His master (Mr Brown) says he has been excitable & restless for the last few days, & has delusions

Name and Medical Designation, J Hunter Dryden L.C.M.

Place of Abode, 33 Castle Street, Dumfries

DATED this fourth day of September One thousand eight hundred and eighty five years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Dall MacDonald being a (1) graduate of Edinburgh University and being in actual practice as a (2) physician & surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 33 Castle Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Michael Coulter Ploughman Airds and that the said Michael Coulter is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) has a very excitable and restless appearance has not slept for some nights fancies the end of the world is now, and says he is to be married today which is a delusion

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His Master tells me that he has been [illegible] these last few days because the end of the world is at hand and that it will [illegible] in a minute or two

Name and Medical Designation, A D MacDonald M.D.

Place of Abode 18 Castle St Dumfries

DATED this fourth day of September One thousand eight hundred and eighty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Hunter Dryden being (1) Licentiate of the College of Physicians Edin. hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined Michael Coulter, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J Hunter Dryden LRCPE

DATED this fourth day of September One thousand eight hundred and eighty five years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Henries Shortt (1) Honorary Sheriff Substitute of the (2) County of Dumfries of having had produced to me, with a Petition at the instance of (3) John Maxwell Inspector of Poor Troqueer Certificates under the hands of J Hunter Dryden and A.D. Macdonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Michael Coulter Ploughman Aids Troqueer (pauper) and that the said Michael Coulter is a (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 Coulter 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 Michael Coulter which accompanied the said Petition.

DATED this Fourth day of September One thousand eight hundred and eighty five years

To the Superintendent of the (7) Asylum of Southern Counties Dumfries

W H Shortt

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Michael Boulton.

Iroquois.

Admitted 4 September 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (1) Shire *of* Dumfries *and his Substitutes,—*

The Petition of Ann Anderson a Johnstone 2 Buccleuch Street Moffat humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary ann Johnstone your Petitioner's (2) daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary ann Johnstone to the Southern counties Asylum and to sanction her admission into the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

Mrs Johnstone X

(3) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this ~~Last~~ Seventh (3) day of September One thousand eight hundred and eighty 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,	Mary ann Johnstone
2. Sex and Age,	Female 42 —
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Spinster living with her mother.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	2 ~~Buccleuch~~ Buccleuch Street
7. Place where Found and Examined,	2 Buccleuch St.
8. Length of time Insane,	6 weeks this time / 2nd Dr Simpson —
9. Whether First Attack,	Third attack. 18 year first attack-off 4 years
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	Exam at Moffat Healed at S.C.A. Dumfries
12. Duration of Existing Attack,	6 weeks or thereabout.
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 Family known to be or to have been Insane,	~~Her~~ Ann Anderson Mother 2 Buccleuch St. Moffat.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this ~~Last~~ Seventh day of September One thousand eight hundred and eighty five.

Mrs Johnstone X

(To be signed by Party applying)

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Wm D'Oyly Grange being a (1) Doctor of medicine & master in surgery of the University of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 2 Buccleuch St Moffat in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary Ann Johnstone of 2 Buccleuch St. Moffat County of Dumfries and that the said Mary Ann 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)

Lits alone talking aloud & swearing & muttering hits the furniture. Is morose & has an insane appearance

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Striking her hand on the table & swearing & calling people names & attacks people on the street

Name and Medical Designation, Wm D'Oyly Grange M.D.

Place of Abode, Moffat Dumfriesshire

DATED this 16th day of September One thousand eight hundred and eighty five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Munro being a (1) Member of the Royal College of Physicians & a Licentiate of the Royal College of Surgeons and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 2 Buccleuch St Moffat County of Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary Ann Johnstone 2 Buccleuch St. Moffat and that the said Mary Ann 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)

Shouting & knocking with a hair can at the window - cursing & swearing & making a great noise

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7).

The above facts - assaulting her mother & making a great noise

Name and Medical Designation, James Munro M.D.

Place of Abode Moffat

DATED this 17th day of Sept One thousand eight hundred and eighty five

111

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Wm D'Orsay Lange being (1) Doctor of Medicine & Master in Surgery University of Edin. hereby certify, on soul and conscience, that I have this day, at (2) 2 Buccleuch Place, Moffat in the County of Dumfries, seen and personally examined Mary ann Johnston, and that the said Mary ann Johnston person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Wm D'Orsay Lange

Dated this ~~Seventh~~ Seventeenth day of September One thousand eight hundred and eighty-four

(1) State Medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Ann Anderson or Johnstone, 2 Buccleuch Street Moffat Certificates under the hands of William D'Orsay Lange and James Munro, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Ann Johnstone 2 Buccleuch Street Moffat (Ann daughter) and that the said Mary Ann 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 Mary ann Johnstone as a Patient into the (6) Public Asylum of Southern Counties and I authorize you Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary ann Johnstone which accompanied the said Petition.

Dated this Eighteenth day of September One thousand eight hundred and eighty four years

David Boyle Hope

To the Superintendent of the (7)
Public Asylum of Southern Counties
Dumfries

---

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Mary Ann Magazine
Johnstone

Admitted 18 September
1885

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Renfrew & Bute *and his Substitutes,—*

The Petition of Maria Wallace

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ebenezer Stewart Wallace your Petitioner's (3) Late 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 authorise the transmission of the said Ebenezer Stewart Wallace to the Crichton Institution and to sanction his admission into the said Asylum.

Maria Wallace

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

DATED this 16th (4) day of September One thousand eight hundred and eighty five

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Ebenezer Stewart Wallace
2. Sex and Age,	male forty three
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	commission Agent-
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Greenock
7. Place where Found and Examined,	Greenock
8. Length of time Insane,	eight weeks
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	forty three
11. When and where previously under Examination and Treatment,	eight weeks.
12. Duration of Existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of 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.

DATED this 16th day of September One thousand eight hundred and 85.

(To be signed by Party applying) Maria Wallace

P. p.

Admitted 18 September 1885

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Paton being a (1) Doctor of Medicine, and Master of Surgery of Glasgow University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 99 Brisbane St Greenock in the County of Renfrew separately from any other Medical Practitioner visited and personally examined (4) Ebenezer S. Wallace, 99 Brisbane St Greenock and that the said Ebenezer S. Wallace 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) Rambling, incoherent talking. Blames me for being connected with some plot against him. Sometimes cannot recognise me. Saw him creep out of the palace window into the garden, calling wildly for help.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife informs me that he is scarcely ever at rest, constantly dressing & undressing, either to funerals or dinner parties. Gets up on tables for the purpose of getting out of windows. Fancies he is [illegible] trains, calling for the porters &c.

Name and Medical Designation, James Paton M.D., C.M.

Place of Abode, 19 Ardgowan Sq. Greenock

DATED this Sixteenth day of September One thousand eight hundred and eighty-five 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 Johnstone Marshall being a (1) Licentiate of the Royal College of Surgeons Edinburgh & holding the Diploma of Doctor of Medicine from the University of Edinburgh and being in actual practice as a (2) Physician in Greenock hereby certify, on soul and conscience, that I have this day, at (3) 99 Brisbane Street Greenock in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Ebenezer Stewart Wallace Commission merchant and that the said Ebenezer Stewart Wallace is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He speaks incoherent about plots of assassination, making frightful changes against certain persons.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife states that he gets violent at times. has risen in the middle of the night & smashed the staircase window.

Name and Medical Designation, W. J. Marshall M.D. Oc

Place of Abode 8 Ardgowan Square

DATED this 16th day of Sept One thousand eight hundred and 85

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, being (1) Maria Wallace Greenock hereby certify, on soul and conscience, that I have this day, at (2) in the County of Renfrew, seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I Harry Smith Esquire Advocate, Sheriff Substitute of ~~the~~ (3) Renfrew and Bute having had produced to me, with a Petition at the instance of (3) Maria Wallace 99 Drysdale Street Greenock Certificates under the hands of James Paton and William and Johnstone Marshall, Physicians, Greenock being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Ebenezer Stewart Wallace and that the said Ebenezer Stewart Wallace is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ebenezer Stewart Wallace as a Patient into the (6) Crichton Institution Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ebenezer Stewart Wallace which accompanied the said Petition.

DATED this Sixteenth day of September One thousand eight hundred and eighty five

Harry Smith

To the Superintendent of the Crichton Institution
Asylum of Dumfries.

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(3) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(6) Public, District, Parochial, or Private.

Admitted 18 September
1885

1. Sheriff or Sheriffs.
2. Clerk or Stewartry.

3. Insert Name and De-
scription.

4. State degree of Rela-
tionship, or other capacity
which Petitioner stands
to Patient.

5. The date of the Peti-
tion must be within four
or five days following
the date of the Medical
Certificate.

If any of

1. Christian Name and
length, -
2. Sex and age, -
3. Married, Single, or W
4. Condition of Life a
(if any). -
5. Religious Persuasion
6. Previous place of abo
7. Place where f
8. Length of time Insane
9. Whether First Attack
10. Age (if known) on Fi
11. When and where pr
tion and treatment
12. Duration of Existing
13. Supposed Cause, -
14. Whether subject to Ep
15. Whether Suicidal, -
16. Whether Dangerous t
17. Parish or Union to
Pauper) is Charge
18. Date of becoming Cha
19. Christian Name and
Abode of nearest
Patient, and deg
known), and wheth
Family known t
Insane, -
20. Special circumstances
insertion of any of

I certify that, to

DATED this

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) John Johnston, Inspector of Poor Penninghame humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Hugh Maron

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Hugh Maron to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

John Johnston

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this Nineteenth (5) day of September One thousand eight hundred and Eighty five years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Hugh Maron
2. Sex and age,	Male 27
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Granite Hewer.
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous place of abode,	Creetown Kirkmabreck.
7. Place where found and examined,	Cottage Hospital Newton Stewart
8. Length of time Insane,	2 days, but in desponding state for 16 months
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	27
11. When and where previously under Examination and treatment,	—
12. Duration of Existing Attack,	sixteen months since first appearance
13. Supposed Cause,	Mode of life. Drink & Misconduct in Youth
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,	Penninghame
18. Date of becoming Chargeable,	4th May. 1885. as a pauper suffering from syphilophobia
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Father, John Maron residing at Creetown a sister, ~~[illegible]~~ christian name unknown has been in the asylum for some time as a patient and discharged recovered.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Nineteenth day of September One thousand eight hundred and Eighty five years

(To be signed by the Party applying) John Johnston

Inspector of Poor for Penninghame

Admitted 18 September 1885

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, — Penninghame
2. Character of Education, — defective
3. Is the natural disposition cheerful or melancholy—reserved or frank, — melancholy - for sometime
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? — unsettled + intemperate
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? — No. But suffered from Syphilis had in his father home in Penn. He had also been some months in Edinr. Insane Scots. insane for short time
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? — Parents alive - other unknown
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? — not Believed to have developed itself gradually from his mode of life
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? — was in the north of Scotland 2 years first illness attended. Syphilitic and believed to have been beginning
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? — Castle when in fact was some days for 2 or 3 hours each day, but not since his bondage + confinement.
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? — His fancies about the State of the inside has almost disappeared. He fancied there was something in his body and that his illness was a punishment for his misconduct + that his soul was lost no.
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? — He has a irregular pain with nails, thin his fingers, knocking his head against side of bed + wanting one to drown him no —
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? — He insane stage developed itself in May of 18th last.
13. What changes have taken place in his bodily symptoms?
14. Is he dirty, destructive, untidy, or obscene?
15. Has he threatened or attempted violence to himself? If so, in what way?
16. Has he threatened or attempted violence to others? If so, in what way?
17. How long has he been insane?

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, John Smith being (1) Graduate in Medicine & Edinburgh & Licentiate hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle St. Dumfries in the County of Dumfries, seen and personally examined Hugh Mason, 14 Jamaica St Dumfries, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith M.D &c

DATED this 19th day of September One thousand eight hundred and 85 years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, John Smith
being a (1) Graduate in Medicine of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day at (3) 14 Castle St. Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Hugh Maron, Newton Stewart. A pauper and that the said Hugh Maron is a (5) person of unsound mind 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.*

His excited insane appearance & rambling incoherency of speech. States that he wishes to destroy himself

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Alexander McMillan informs me that during the last 48 hours he has been quite unmanageable. frequently attempting to commit suicide

Name and Medical Designation, John Smith M.D. &c.

Place of Abode, 14 Castle St. Dumfries.

DATED this 19th day of September One thousand eight hundred and 85 years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, William Andrew Forsyth
being a (1) Bachelor of Medicine & Master of Surgery 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 Cottage Hospital, Newton Stewart in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Hugh Maron, formerly of Creetown, Kirkmabreck. Pauper and that the said Hugh Maron is a (5) person of unsound mind 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.*

Evidences of attempts to injure himself in nail marks about his throat & jugular veins. Attempts to bite his own fingers Religious Despondency; considers he is beyond all hope of redemption, hence he wants to do away with himself.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Attempts to choke himself by putting fingers in his mouth (Mr. Johnston) Attempts to bite and otherwise injure Constable McMillan, Smashed cutting the window of his room this morning History of insanity in family.

Name and Medical Designation, Wm. A. Forsyth, M.B., & C.M.,

Place of Abode, Newton Stewart

DATED this Nineteenth day of September One thousand eight hundred and eighty five years.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, William Mackie Esquire (1) Sheriff Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) John Johnston Inspector of Poor Penninghame Certificates under the hands of John Smith M. D. & Co. Dumfries and William Andrew Forsyth M.B.C.M. 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) Hugh Mason, a pauper and that the said Hugh Mason is a (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 Mason as a Patient into the ~~Crichton Royal Institution for the Insane~~ Southern Counties Asylum at Dumfries, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Hugh Mason which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this twenty first day of September One thousand eight hundred and eighty five

Wm Mackie

To the Medical Superintendent of the
~~*Crichton Royal Institution*~~, *Dumfries.*
Southern Counties Asylum

No. 4784.

Name, Hugh Mason
Penninghame.

Date of Admission, 19 Sep 1885

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries & of Galloway and his Substitutes,—

The Petition of David Wallace. Inspector of Poor Kirkcolm

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Annie Fraser, Pauper, who is under your Petitioner's (3) charge as Parochial Inspector of Poor is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Annie Fraser to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Dan Wallace

DATED this 19th (4) day of September One thousand eight hundred and five years.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Annie Fraser
2. Sex and Age,	14
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Nil
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Poorhouse
7. Place where Found and Examined,	Stranraer
8. Length of time Insane,	2 years
9. Whether First Attack,	
10. Age (if known) on First Attack,	12
11. When and where previously under Examination and Treatment,	Poorhouse
12. Duration of Existing Attack,	Mother not strong minded
13. Supposed Cause,	no
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	At times
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcolm
18. Date of becoming Chargeable,	1877
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Margaret Fraser, Wigton Poorhouse, Mother
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	See Answer 13

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 19th day of September One thousand eight hundred and 85.

(*To be signed by Party applying*) Dan Wallace

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Thomas Easton being a (1) Bachelor of Medicine & Master in Su
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Wigtown Lu
Combination Poorhouse - Stranraer in the County of
Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) Annie Fraser - Pauper
and that
the said Annie Fraser is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
at intervals often days or a fortnight she exper
from attacks of a penbar nature lasting a for
during which she refuses to speak a sat she will
or sit in the same position for many hours
at a fixed object - on being touched she threaten

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The attendant of the ward says she will strike
interfering with her during these attacks, &
Governor of the Poorhouse corroborate
statement

Name and Medical Designation, Thomas Easton

Place of Abode, Hanover House Stran

DATED this Seventh day of September One thousand eight
hundred and eighty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Hugh Cochrane
being a (1) Licentiate of the Royal College of Physicians
& Licentiate of the Faculty of Physicians & Surgeons
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the Combina
Poorhouse, Stranaer, in the County of
Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) Annie Fraser, a
Pauper, in said Poorhouse and that
the said Annie Fraser is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Presents a stupe
appearance and bursts into fits of laugh
on being asked questions. Talks to herself
in a low tone of voice. Such attacks
occur every night or two days & sometimes
continue at least a fortnight

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mc
McLean, ward attendant, states that a
her attacks she will not do anything
she is told. that she is very restless and
frequently tells lies & gets excited, would attack
should they interfere

Name and Medical Designation, Hugh Cochrane
Surgeon

Place of Abode Stranaer

DATED this Seventh day of September One thousand eight
hundred and eighty-five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William McGibbon Sheriff substitute
of the (1) County of Wigtown
having had produced to me, with a Petition at the instance of (2) David Wallace
Inspector of Poor for the Parish of Kirkcolm
Certificates under the hands of Dr Thomas Easton M D Stranraer
and Hugh Cochrane , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Annie Fraser, Pauper, in Kirkcolm Poor House and that the said
Annie Fraser is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Annie Fraser as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Annie Fraser which accompanied the said Petition.

DATED this Nineteenth day of September One thousand eight hundred and eighty five years

W. McGibbon S. S.

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Annie Fraser,

Kirkcolm.

Admitted 23 September

1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff ~~of the (*) Stewartry~~ of Dumfries Galloway *and his Substitutes,—*

The Petition of Alexander M. Gracham Inspector of Poor Lochmaben

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Boyes

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (*) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Boyes to the Southern Counties asylum and to sanction Her admission into the said Asylum.

Alexander M. Gracham Inspector of Poor Lochmaben

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 29th (*) day of September One thousand eight hundred and 85 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 Boyes
2. Sex and Age,	Female 30 Years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Outworker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Lochmaben
7. Place where Found and Examined,	Lochmaben
8. Length of time Insane,	since 1882
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	27 years
11. When and where previously under Examination and Treatment,	Lochmaben Poorhouse at Lochmaben 4 Days
12. Duration of Existing Attack,	Months
13. Supposed Cause,	no
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	Lochmaben
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	1882 — Febry 10th
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None has been under Board Gr. Gracham and frequently seen Guardians

I certify, that, to the best of my knowledge, the above particulars are correctly stated. Guardians

DATED this 29th day of September One thousand eight hundred and 85 years.

(*To be signed by Party applying*) Alexander M. Gracham
Inspector of Poor
P. p.
Lochmaben

No 4486

Mary Boyes.

Lochmaben

Admitted 29 Sept. 1885.

8367

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

GENERAL BOARD OF LUNACY 29 SEP 85 SCOTLAND

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Barbara Yule being desirous to transfer George Yule at present a Patient in the Royal Edinburgh Asylum, and (¹) detained at my instance, from the said Asylum to the Kirkton Royal Institution, Dumfries, hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said George Yule and a Medical Certificate with respect to his mental and bodily condition.

(¹) If Lunatic is not a Pauper: detained at my instance, or whose nearest known relative I am. If Lunatic is a Pauper: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

X Barbara Yule

(²) wife

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Arbroath this 26th day of September One thousand eight hundred and Eighty five

Mary Borges. Lochmaben

STATEMENT.

1. Christian Name and Surname of Patient at length,	George Yule
2. Sex and Age,	Male, 46 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and Previous Occupation (if any),	Flax Merchant
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	3rd October 1881
7. Length of time Insane,	4 years & 9 months
8. Whether first Attack,	Yes
9. Age (if known) on first Attack,	41 years
10. Duration of existing Attack,	4 years & 9 months
11. Supposed Cause,	unknown
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	No
14. Whether Dangerous to others,	Not in an Asylum
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of his Family known to be, or to have been Insane,	Mrs. Barbara Yule Union Villa Arbroath None known

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) Barbara Yule

DATED this 26th day of September One thousand eight hundred and Eighty-five

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned Thomas Smith Clouston being (1) a fellow of the College of Physicians Edin. hereby certify that I have this day at (2) Craig House Royal Edin. Asylum personally examined George Yule at present a Patient in said Asylum, and with respect to his Mental State that he labours under delusions of suspicion that he is persecuted by imaginary enemies, and that his wife was unfaithful to him. His conduct is eccentric & unreasonable.

; and with respect to his Bodily Health and Condition that they are good.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries.

T. S. Clouston M.D.

DATED this 25th day of Sept. One thousand eight hundred and 85.

No. 4787. Mrs. George Yule Admitted 30 September 1885.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) Mrs Barbara Yule to authorize the transfer of George Yule from Royal Edinburgh Asylum to Crichton Royal Institution, Dumfries, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said George Yule as requested.

John Sibbald Commissioner.

DATED at Edinburgh, this 28th day of September One thousand eight hundred and 85.

Date of Sheriff's Order, 4th October 1885

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Shire~~ *of* Dumfries ~~Galloway~~ *and his Substitutes,—*

The Petition of Elizabeth Duncan or Percy 28 English ~~Street~~ Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ephraim Percy your Petitioner's (3) Husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Ephraim Percy to the Southern Counties' Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Elizabeth Percy

Dated this first (4) day of October One thousand eight hundred and eighty five.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Ephraim Percy
2. Sex and Age,	Male. about 34
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Baker (journeyman)
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	28 English St Dumfries.
7. Place where Found and Examined,	
8. Length of time Insane,	About 10 days
9. Whether First Attack,	No
10. Age (if known) on First Attack,	About 30 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of Existing Attack,	About 10 days
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Rough with others but not dangerous
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Elizabeth Percy Wife 28 English St. Andrew Percy Brother 24 Irish St Youngest Brother Robert Percy is at present in an asylum
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this first day of October, One thousand eight hundred and eighty five.

(*To be signed by Party applying*) Elizabeth Percy

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith
being a (1) Graduate in Medicine of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 28 English St Dumfries
in the County of Dumfries
separately from any other Medical Practitioner visited and personally examined (4) Ephraim Percy, Baker 28 English St Dumfries and that the said Ephraim Percy is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His insane appearance & actions. He is continually talking in a rambling incoherent manner

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife informs me that he is quite unmanageable, & that he has been an inmate of an asylum twice

Name and Medical Designation, John Smith MD

Place of Abode, 14 Castle St Dumfries

DATED this 1st day of October One thousand eight hundred and 85 years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Thomas Ferguson
being a (1) Graduate in Medicine of Edinburgh University
and being in actual practice as a (2) General medical practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 28 English St Dumfries
in the County of Dumfries
separately from any other Medical Practitioner, visited and personally examined (4) Ephraim Percy
and that the said Ephraim Percy is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He is excited & noisy - walking about shouting singing & gesticulating wildly & when examined answers incoherently.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
By his Wife. That he has been an inmate of an asylum twice before.

Name and Medical Designation, Thomas Ferguson MB CM

Place of Abode 22 Castle St Dumfries

DATED this first day of October One thousand eight hundred and eighty five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Smith
being (1) a Registered Medicine & Surgical Practitioner
hereby certify, on soul and conscience, that I have this day, at (2) 28 English Street Dumfries
in the County of Dumfries, seen and personally examined
Ephraim Percy, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD RC

DATED this 1st day of October One thousand eight hundred and 85 years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Elizabeth Duncan or Percy 28 English Street, Dumfries,
Certificates under the hands of John Smith,
and Thomas Fergusson, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Ephraim Percy, 28 English Street Dumfries
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 Ephraim Percy 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 Ephraim Percy which accompanied the said Petition.

DATED this Second day of October, One thousand eight hundred and eighty five.

David Boyle Hope

To the Superintendent of the (7) ~~Southern~~ Public Asylum of Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Ephraim Percy

Admitted 1st October 1885.

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway

——— *and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) William M. Mollison, Lithographer, Glasgow, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Nettie B. Mollison ——— your Petitioner's (4) sister, ——— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Nettie B. Mollison ——— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

W. M. Mollison.

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this Second (5) day of October, — One thousand eight hundred and eighty 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,	Nettie B. Mollison
2. Sex and age,	Female. 28 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life and previous Occupation (if any),	——
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	4 Roseberry Terrace. Glasgow.
7. Place where found and examined,	39 Castle St. Dumfries
8. Length of time Insane,	4 months.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	28 years.
11. When and where previously under Examination and treatment,	never under treatment in an Asylum.
12. Duration of Existing Attack,	One week
13. Supposed Cause,	Disappointment in love.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	——
18. Date of becoming Chargeable,	——
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Mollison - Father. 4 Roseberry Terrace Glasgow.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 2nd day of October One thousand eight hundred and eighty five years.

(To be signed by the Party applying). W. M. Mollison.

Epilepsy - Percy
Admitted 1st October 1885.

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Glasgow. ——
2. Character of Education,	Good.
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Frank, but a little conceited
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Not industrious. Idle.
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	no.
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	none.
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	Father & mother alive. Three brothers & two sisters died of Scarlet Fever
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Disappointment in love.
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	Constipation. Digestive system entirely out of order.
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Screaming & violence. Refusing food, refusing to dress or undress to go to bed &c.
13. What changes have taken place in his bodily symptoms?	No great changes. Constipation more troublesome.
14. Is he dirty, destructive, untidy, or obscene?	no.
15. Has he threatened or attempted violence to himself? If so, in what way?	Yes. attempted to poison herself & to throw herself from a window
16. Has he threatened or attempted violence to others? If so, in what way?	no.
17. How long has he been insane?	Four months.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, James Hunter Dryden being (1) Licentiate of Royal colleges of Physicians & Surgeons Edinr hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries ——, seen and personally examined Miss Nellie Brand Mollison, spinster, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J Hunter Dryden LRCPEd

DATED this second day of October One thousand eight hundred and eighty five years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, James Hunter Dryden
being a (1) Licentiate of Royal College of Physicians and Surgeons, Edinburgh
and being in actual practice as a (2) physician and surgeon
hereby certify, on soul and conscience, that I have this day at (3) 39 Castle Street, Dumfries
in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Miss Nettie Brand Mollison, of Glasgow
and that the said Miss Nettie B. Mollison is a (5) person of unsound mind
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) She is dull, listless and melancholy, she takes no interest in things around her, she talks incoherently and has no idea of where she is or when she is going

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her brother informs me that she has on two occasions attempted suicide — once by poison, one by attempting to throw herself out of window

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J Hunter Dryden Physician
Place of Abode, 39 Castle Street, Dumfries

DATED this second day of October One thousand eight hundred and eighty five years

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Hugh Cunningham
being a (1) Licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physician and Surgeon Glasgow
and being in actual practice as a (2) Physicians and Surgeons
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) Nettie B Mollison of 4 Rosebery Terrace, Glasgow
and that the said Nettie B. Mollison is a (5) person of unsound mind
and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) She has maniacal look she will not speak, and sobs frequently without cause.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The attendant (Isabella Rutherford) informs me that she often sobs and has to be fed.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Hugh Cunningham LRCP Edin &c
Place of Abode, 26 Castle Street, Dumfries

DATED this fourth day of October One thousand eight hundred and eighty five years.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope, Esquire, (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) William M Mollison, Lithographer, Glasgow, Certificates under the hands of J. Hunter Dryden and Hugh Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Nettie Brand Mollison, 4 Rosebery Terrace, Glasgow, (Petitioner sister) and that the said Nettie Brand Mollison, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Nettie Brand Mollison, as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Nettie Brand Mollison which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DAYED this Fifth day of October One thousand eight hundred and eighty five.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 4789.

Name, Nettie Brand Mollison

Date of Admission, 2nd October, 1885.

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) Charles Trotter Gentleman of Arleslin Lodge Maidenhead humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Ada Frances Trotter

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) Wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Ada Frances Trotter to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

X C. Trotter X

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this Second (5) day of October One thousand eight hundred and Eighty 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,	Ada Frances Trotter
2. Sex and age,	Female, age 43.
3. Married, Single, or Widowed,	Married
4. Condition of Life and previous Occupation (if any),	Ordinary duties of a Lady
5. Religious Persuasion, so far as known,	Church of England
6. Previous place of abode,	Arleslin Lodge, Maidenhead, Berks
7. Place where found and examined,	Letter & home for 12 years
8. Length of time Insane,	12 years ago
9. Whether First Attack,	31 years
10. Age (if known) on First Attack,	Treatment & care at home - 8/12 months, at Lunn House, Hounslow - last 2/12 months at home -
11. When and where previously under Examination and treatment,	
12. Duration of Existing Attack,	
13. Supposed Cause,	supposed cause puerperal.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	sometimes violent
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Charles Trotter husband Arleslin Lodge, Maidenhead last recently, but there has been a case in a former generation
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Second day of October One thousand eight hundred and Eighty five

(To be signed by the Party applying) X C. Trotter X

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	India
2. Character of Education,	Ordinary English Education
3. Is the natural disposition cheerful or melancholy—reserved or frank,	reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	formerly steady & industrious & a good Mother
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	off & on for 12 years - was treated in India & England
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	great Grand Mother was of unsound mind late in life
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	Father died of heart disease at over 60 years of age
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Child birth & death of child is supposed to have been the predisposing cause
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Fancies & delusions
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	Falling off of flesh Pains on top of head
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	after some years of fancies & delusions became for a time nearly free from them
13. What changes have taken place in his bodily symptoms?	later great restlessness inability to work & violent temper, takes food badly gradual Emaciation
14. Is he dirty, destructive, untidy, or obscene?	not dearly. rather destructive. cannot [illegible] her things, inclined to be indecent.
15. Has he threatened or attempted violence to himself? If so, in what way?	sometimes says she wishes herself dead
16. Has he threatened or attempted violence to others? If so, in what way?	no
17. How long has he been insane?	off & on for 12 years - mind very weak, & changeable.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, Alexander Thomson being (1) a Doctor of Medicine hereby certify, on soul and conscience, that I have this day, at (2) the Crichton Institution in the County of Dumfries, seen and personally examined Mrs Ada Frances Theedie, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alex Thomson M.D. &c.

DATED this Second day of October One thousand eight hundred and Eighty-five years.

(1) State Medical Qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Alexander Thomson — being a (1) Doctor of Medicine of the University of Glasgow, and Surgeon and being in actual practice as a (2) Physician and Surgeon, hereby certify, on soul and conscience, that I have this day at (3) The Crichton Royal Institution — in the County of Dumfries — separately from any other Medical Practitioner, visited and personally examined (4) Mrs Ada Frances Tweedie — Lady, Acacia Lodge, Maidenhead and that the said Mrs Tweedie is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6)

(6) *State the Facts.*

Her general appearance — restless condition, and the enfeebled state of her mind —

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Told by her husband that she is restless, sleepless, starts up suddenly, and bangs the doors, thinks she must turn things round, and also turn round herself before she can take food — Miss Reid — her private attendant for the last two months, also tells me that she often refuses food, then starts up, turns round, and began eating; also that she exposes her body indecently, and becomes violent without cause — thinks she has been getting worse lately

Name and Medical Designation, Alex Thomson M.D. & Surgeon.

Place of Abode, Dumfries

DATED this Second day of October One thousand eight hundred and Eighty five years —

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, John Cunningham — being a (1) Licentiate of the Royal Colleges of Physicians & Surgeons Edinburgh & Lond. — and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution, Dumfries — in the County of Dumfries — separately from any other Medical Practitioner, visited and personally examined (4) Ada Frances Tweedie, Acacia Lodge, Maidenhead, Berks — and that the said Ada Frances Tweedie — is a (5) person of unsound mind — and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6)

(6) *State the Facts.*

Her facial expression indicates mental disorder. She is nervous & weakly minded.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

The nurse informs me that she does not sleep much & gets out of bed frequently without any evident reason, she does not eat well

Name and Medical Designation, John Cunningham M.D. L.R.C.P. 1820

Place of Abode, 35 Buccleuch St. Dumfries

DATED this Fourth day of October One thousand eight hundred and eighty five years.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I David Boyle Hope Esquire — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Charles Gwedie Gentleman of Acacia Lodge Maidenhead Berks, Certificates under the hands of Alexander Thomson and John Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Ada Francis Gwedie of Acacia Lodge Maidenhead Berks and that the said Ada Francis Gwedie — is a (5) Idiot & wife person of unsound mind

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ada Francis Gwedie as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ada Francis Gwedie which accompanied the said Petition.

DATED this Fifth day of October One thousand eight hundred and eighty five years.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 1190

Name, Ada Francis Gwedie

Date of Admission, 2 Oct. 1885.

GENERAL BOARD OF LUNACY
24 SEP 85
SCOTLAND

8372.

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

GENERAL BOARD OF LUNACY
24 SEP 85
SCOTLAND

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned James Houden C.A. Curator Bonis being desirous to transfer Mrs Emily Wilkie or Dickson at present a Patient in the Royal Asylum Morningside, and (¹) for whom I am Curator Bonis ~~detained at my instance~~ from the said Asylum to the Crichton Asylum Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Mrs Emily Wilkie or Dickson and a Medical Certificate with respect to her mental and bodily condition.

(¹) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

James Houden C.A.
(²) Curator Bonis

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Edinburgh this 23rd day of September One thousand eight hundred and Eighty five

STATEMENT.

1. Christian Name and Surname of Patient at length,	Emily Wilkie or Dickson
2. Sex and Age,	Female 56 (don't know age)
3. Married, Single, or Widowed,	Widowed
4. Condition of Life, and Previous Occupation (if any),	Lady
5. Religious Persuasion, so far as known,	not known
6. Date of Admission into Asylum,	August 1884
7. Length of time Insane,	one year
8. Whether first Attack,	no
9. Age (if known) on first Attack,	not known
10. Duration of existing Attack,	Over a Year
11. Supposed Cause,	unknown
12. Whether subject to Epilepsy,	no
13. Whether Suicidal,	I believe not
14. Whether Dangerous to others,	
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	
16 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Emily Scott 13 High Street Musselburgh Daughter

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) James Houden

DATED this 23rd day of September One thousand eight hundred and Eighty five.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.

(2) Name Asylum.

I, the undersigned Thomas Smith Clouston being (1) a Fellow of the College of Physicians Edinr. hereby certify that I have this day at (2) the Royal Edinr. Asylum personally examined Emily Wilkie or Dickson at present Patient in said Asylum, and with respect to her Mental State that she labours under great maniacal excitement, is restless, has no self control or capacity to manage her own affairs and has delusions as to her money and power; and with respect to her Bodily Health and Condition that they are good.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries.

T. S. Clouston M.D.

DATED this 25th day of Sept. One thousand eight hundred and 85.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) James Howden, C.A., Edinburgh to authorize the transfer of Emily Wilkie or Dickson from Royal Edinburgh Asylum to Crichton Royal Institution, Dumfries, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Emily Wilkie or Dickson as requested.

John Sibbald Commissioner.

DATED at Edinburgh, this 29th day of September One thousand eight hundred and eighty five.

Date of Sheriff's Order:

9th August 1884.

No. 4491.

Mrs Emily Wilkie or Dickson

Admitted 3rd October 1885

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward. (*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff — *of the* (*) Dumfries and Galloway, — *and his Substitutes,—*

The Petition of Alexander Newirson, Inspector of Poor, parish of Morton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Campbell, —

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (*) Pauper — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Campbell, — to the Southern Counties Asylum, Dumfries, and to sanction her admission into the said Asylum.

Alex. Newirson

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fifth (*) day of October — One thousand eight hundred and eighty five years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Campbell.
2. Sex and Age,	Female 34½ 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,	Thornhill, Morton.
7. Place where Found and Examined,	Thornhill, Morton
8. Length of time Insane,	
9. Whether First Attack,	Fourth —
10. Age (if known) on First Attack,	32 years —
11. When and where previously under Examination and Treatment,	Three times in Southern Counties
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,	Parish of Dalrymple.
18. Date of becoming Chargeable,	First 11 January 1879 —
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Campbell, Drumore Kirkcudbright, her brother.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 5th — day of October — One thousand eight hundred and 85.

(To be signed by Party applying) Alex. Newirson

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Davidson being a (1) Bachelor of Medicine & master of Surgery of Glasgow University and being in actual practice as a (2) physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 153 North Drumlanrig Street, Thornhill in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Campbell, and that the said Margaret 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)

Has already been three times in Asylum suffering from melancholia –

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

By Sister

Refuses food; will not dress herself or get out of bed when asked. Refuses to speak &c.

Name and Medical Designation, Thomas Davidson M B C M

Place of Abode, Thornhill

DATED this 4th day of October One thousand eight hundred and eighty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Connal Wilson being a (1) Licentiate of the Royal College of Physicians and 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) 153 North Drumlanrig Street, Thornhill in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Campbell and that the said Margaret 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) Sits in a listless manner, closely reiterating to all questions "Mr Mc's not going away."

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

By Mr Newson, Inspector of Poor.

That this is the fourth time she has suffered from melancholia –

Name and Medical Designation, John Connal Wilson L.R.C.P. [illegible]

Place of Abode Thornhill

DATED this fourth day of October One thousand eight hundred and eighty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Thomas Davidson being (1) Bachelor of Medicine Master of Surgery of Kenyon University hereby certify, on soul and conscience, that I have this day, at (2) Thornhill in the County of Dumfries, seen and personally examined Margaret Campbell, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Thomas Davidson M B C M

DATED this 4th day of October One thousand eight hundred and eighty five.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope, (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Alexander Jamieson, Inspector of Poor, Morton, Certificates under the hands of Thomas Davidson and John Tomal 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) Margaret Campbell, 153 North Drumlanrig St Thornhill & Penpont and that the said Margaret Campbell is a (5) Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Campbell as a Patient into the (6) Public Asylum of Southern Counties and I authorize you to Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Campbell which accompanied the said Petition.

DATED this Fifth day of October, One thousand eight hundred and eighty five

David Boyle Stope

To the Superintendent of the (7) Asylum of Public, Southern Counties, Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

11,492.

Margaret Campbell.

Mortoii

Admitted 5 October 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — *of the* (2) Dumfries *of* and Galloway *and his Substitutes,*—

Closeburn The Petition of James Austin Inspector of Poor, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Irving your Petitioner's (3) ~~was~~ Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Irving to the Southern Counties Asylum, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Austin Inspector of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Seventh (4) day of October — One thousand eight hundred and Eighty five

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Agnes Irving.
2. Sex and Age,	Female 54.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Out door worker previous Servant
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Cample.
7. Place where Found and Examined,	~~do~~
8. Length of time Insane,	No
9. Whether First Attack,	
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	Southern Counties.
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,	Closeburn
18. Date of becoming Chargeable,	Oct. I have had to send her 5 or 6 times previously
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Sharp Camples lacks parish of Closeburn Sister A Mathew of her George Irving is in the Asylum at present.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventh day of October — One thousand eight hundred and Eighty five

(*To be signed by Party applying*) James Austin

P. P.

Margaret Campbell.
Mortone

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Davidson
being a (1) Bachelor of Medicine & Master of Surgery of the Glasgow University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Campsie Lunatic Asylum in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Agnes Irving pauper and that the said Agnes Irving is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
Several previous attacks
Incoherent language &c.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Attendant
Talks nonsense incessantly howls & shouts at night instead of sleeping &c

Name and Medical Designation, Thomas Davidson M.B.
Place of Abode, Thornhill

Dated this seventh day of October One thousand eight hundred and eighty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* 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 O. Reddie
being a (1) Bachelor of Medicine Master in Surgery of Glasgow University
and being in actual practice as a (2) physician & surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Campsie Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes Irving pauper and that the said Agnes Irving is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
previous attacks & incoherent remarks.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Attendant
Continual disturbance.

Name and Medical Designation, John O. Reddie M.B.
Place of Abode Thornhill

Dated this seventh day of October One thousand eight hundred and eighty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Thomas Davidson ——— being (1) a physician surgeon ——— hereby certify, on soul and conscience, that I have this day, at (2) Cample Dulls in the County of Dumfries ———, seen and personally examined Agnes Irving ———, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Thomas Davidson M B C M

DATED this seventh day of October One thousand eight hundred and eighty five.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Norman Macpherson — (1) Esquire, Advocate, Sheriff of the (2) Dumfries and Galloway, having had produced to me, with a Petition at the instance of (3) James Anslie, Inspector of Poor, Closeburn ———, Certificates under the hands of Thomas Davidson, ——— and John O. Ruddie ———, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Irving, Cample, Closeburn (a pauper) ——— and that the said Agnes Irving, ——— is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Irving ——— as a Patient into the (6) Public ——— Asylum of Southern Counties — and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Irving ——— which accompanied the said Petition.

DATED this Eighth — day of October, ——— One thousand eight hundred and eighty five. —

Norman Macpherson

To the Superintendent of the (7) Public Asylum of Southern Counties, Dumfries

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Agnes Irving
Closeburn
Admitted 7 October
1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (1) Shire~~ of Dumfries & Galloway and his Substitutes,—

The Petition of Mrs Matilda Pagan, Burnrigg Cottage, Terrinwood humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that. Mary Anne Pagan, your Petitioner's (3) Daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Anne Pagan to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

~~Mrs~~ Matilda Pagan

DATED this 9th (4) day of October, One thousand eight hundred and 85

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Anne Pagan.
2. Sex and Age,	Female, 35 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,	Burnrigg.
7. Place where Found and Examined,	Burnrigg
8. Length of time Insane,	6 months
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	35
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	6 months
13. Supposed Cause,	Sudden death of brother-in-law
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Pagan, Burnrigg Mother, Jhs.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 9th ~~Oct~~ day of October One thousand eight hundred and eighty five.

(*To be signed by Party applying*) Matilda Pagan

P. p.

Agnes Irving
Closeburn

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Cunningham
being a (1) Licentiate of the Royal College of Physicians Surgeons Edinburgh and
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 25 Castle St. Dumfries
Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Mary Ann Pagan, Burnings Cottage, Kirkmichael, Spindle and that
the said Mary Ann Pagan is a (5) Person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her facial expression indicate mental disorder, the informs me that she has a strong inclination to do bodily harm to her mother & sister

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
She is sleepless & melancholia in disposition, she fancies that she is another Mrs Heath's blood out of the relations, This information is

Name and Medical Designation, John Cunningham M.B. L.R.C.S. Edin.

Place of Abode, 35 Buccleuch St, Dumfries

Dated this ninth day of October — One thousand eight hundred and eighty five 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, Frederick Hugh Castle
being a (1) Bachelor of Medicine and Master of Surgery of Glasgow University
and being in actual practice as a (2) Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 25 Castle St.
Dumfries, in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Mary Ann Pagan, Burnings Cottage, Kirkmichael, and that
the said Mary Ann Pagan, is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) (1) Appearance and mental depression present in patient (2) Presence of fixed delusions e.g. that she is slowly murdering her friends.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
That she poisons the atmosphere with her presence and that persons living in same house with her get killed in consequence. (Mrs Grace)

Name and Medical Designation, Fred. H. Castle M.B.

Place of Abode 37, Castle Street Dumfries

Dated this 9th day of October — One thousand eight hundred and eighty five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned John Cunningham
being (1) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (2) 25 Castle St., Dumfries
in the County of Dumfries, seen and personally examined
Mary Ann Pagan, Spinster, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Cunningham M.D. L.R.C.P. 1870

DATED this Ninth day of October One thousand eight hundred and eighty five years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Norman MacLennan, (1) Sheriff of Dumfries Galloway
of the (2)
having had produced to me, with a Petition at the instance of (3) Mrs Matilda
Pagan Burnings Cottage, Kirkmichael,
Certificates under the hands of John Cunningham
and Frederick Hugh Clarke — being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary
Anne Pagan, Burnings Cottage, Kirkmichael, Mother of the said
Mary Anne Pagan, — is a (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 Anne Pagan, — as a Patient into the (6) Public — Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Anne Pagan, which accompanied the said Petition.

DATED this 2nd 8th day of October, — One thousand eight hundred and eighty five.

Norman MacLennan

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Mary Ann Pagan.

Admitted 9th October 1878.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Sheriffdom of Dumfries & Galloway *and his Substitutes,—*

The Petition of John Lawson Inspector of Poor of Annan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Monis or Scott your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Monis or Scott to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Lawson Insp of Poor of Annan

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Thirteenth (4) day of October One thousand eight hundred and eighty 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,	Elizabeth Monis or Scott
2. Sex and Age,	Female 43 years of age
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Fishermans wife - previously Millworker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Fishermans Cottage Annan
7. Place where Found and Examined,	Scamblers Court
8. Length of time Insane,	1 week -
9. Whether First Attack,	no
10. Age (if known) on First Attack,	28 years of age
11. When and where previously under Examination and Treatment,	D & G Asylum
12. Duration of Existing Attack,	1 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,	Annan
18. Date of becoming Chargeable,	4th July 1870
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	George Scott Scamblers Court Annan - Husband not Known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none -

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Thirteenth day of October One thousand eight hundred and eighty five

(*To be signed by Party applying*) John Lawson Inspector of Poor of Annan

Mary Anne Regan
Admitted 13th October 1885

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Daniel Mackenzie being a (1) Bachelor of Medicine & Master in Surgery of Edinburgh University. and being in actual practice as a (2) Medical Practitioner. hereby certify, on soul and conscience, that I have this day, at (3) Scambler's Court Annan. in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Morris or Scott Pauper and that the said Elizabeth Morris or Scott is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) A wild look excited manner, absurd notions about all Ordinary matters, & tendency to destroy.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Several times previously confined in an Asylum.

Name and Medical Designation, D. Mackenzie. M.B. C.M.

Place of Abode, Annan.

DATED this thirteenth day of October One thousand eight hundred and eighty five 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, David Charles Cox being a (1) Licentiate 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) Scambler's Court Annan Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Morris or Scott Pauper and that the said Elizabeth Morris or Scott is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Wild restless look & manner, answers questions abruptly & has no very distinct idea as about anything

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her Husband informs me that she is sleepless dancing & singing all night & talking in an absurd & that she has been five or six times confined previously

Name and Medical Designation, D. Chas. Cox L.R.C.P.E.

Place of Abode Annan

DATED this thirteenth day of October One thousand eight hundred and eighty five years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Daniel MacKenzie being (1) Bachelor of Medicine & Master in Surgery hereby certify, on soul and conscience, that I have this day, at (2) Annan in the County of Dumfries, seen and personally examined Elizabeth Morris or Scott, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

D. MacKenzie. MB. & CM.

DATED this Thirteenth day of October One thousand eight hundred and eighty five years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute — of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Lawson Inspector of Poor, Annan Certificates under the hands of Daniel Mackenzie and David Charles Cose, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Morris or Scott, Scamblers Court Annan apauper and that the said Elizabeth Morris or Scott — 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 Elizabeth Morris or Scott 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 Morris or Scott which accompanied the said Petition.

DATED this Thirteenth — day of October — One thousand eight hundred and eighty five years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Elizabeth Morris or
Scott
Annan.
Admitted 13 October 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Tyrone *and his Substitutes,—*

The Petition of James McMurray farmer Portrushillard Parish of Stewartstown County of Tyrone humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John McMurray your Petitioner's (3) Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John McMurray to the Crichton Institution Dumfries, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James McMurray

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty fourth (4) day of October One thousand eight hundred and eighty 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 McMurray
2. Sex and Age,	male 34 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	was born here
7. Place where Found and Examined,	Portrushillard
8. Length of time Insane,	four years and four months
9. Whether First Attack,	third attack
10. Age (if known) on First Attack,	30
11. When and where previously under Examination and Treatment,	at Dumfries in the Crichton Institution on two occasions during the last four years
12. Duration of Existing Attack,	Since his return from Dumfries about 2 years & 9 months
13. Supposed Cause,	death of a younger Brother.
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	not Chargeable 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 Family known to be or to have been Insane,	James McMurray farmer Portrushillard in the parish of Stewartstown & County of Tyrone Father alive & lives at home of his own family. but Sister his brother at one time insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty fourth day of October One thousand eight hundred and eighty four

(*To be signed by Party applying*) James McMurray

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 Mc. Neil being a (1) Doctor of Medicine of the University of Edinburgh and a Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) South Portaspittal in the parish of Stoneykirk in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) John Mc Murray Son of Mr. James McMurray farmer S. Portaspittal Stoneykirk and that the said John McMurray is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) When I called on him at 3. P.M. I found him in bed head covered with bedclothes talking to himself or holding conversation with some imaginary person. When I uncovered his head he had a wild appearance, looked at me from under his eyebrows with furious glances, was not able to sustain a conversation. Talks of subjects incoherently. Became violent about 8 p.m. said he'd should banish him.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His father states he has of late become violent. has threatens his mother (i.e. his father.) refuses to stir out of bed during daytime. Goes out at night walks till he's tired all over the district, wanders about the greater part of the night sometimes. refuses to obey his father & mother in every reasonable demand. was a elder & the youngest member of the family. His Mother corroborates his father's statements.

Name and Medical Designation, William Mc Neil M.D.

Place of Abode, Stranraer

DATED this 24th day of October One thousand eight hundred and Eighty-five

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Hugh Cochrane being a (1) Licentiate of the Royal College of Physicians Edinburgh & 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) South Portspittal in the parish of Stoneykirk in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) John McMurray residing at Portspittal and that the said John McMurray is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Appears in a very excited condition and rambles considerably in conversation. Seems to be easily excited

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His father states that he has been in an excited state for some time and has threatened to attack some of the members of the family. On seeing vessels of sheep out there is a meeting on board. Was the man are killing each other &c.

Name and Medical Designation, Hugh Cochrane L.R.C.P.S.E. L.F.P.S.G.

Place of Abode Stranraer

DATED this 24th day of October One thousand eight hundred and eighty-five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, ~~William McNeil~~
being (1) ~~Doctor of Medicine of the University of Edin~~
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William McGibbon Esquire (3) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James McMurray farmer South Port O Spittal Parish of Stoney Kirk
Certificates under the hands of William McNeil, M. D. and Hugh Cochrane
~~and~~ Surgeon both in Stranraer , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John McMurray Son of the said James McMurray and that the said John McMurray is a (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 McMurray as a Patient into the (6) Public Asylum of the 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 John McMurray which accompanied the said Petition.

DATED this twenty sixth day of October One thousand eight hundred and eighty five years

W. McGibbon

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

John McMurray

Admitted 26 October 1885

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff Sub *of the* (2) County *of* Wigtown *and his Substitutes,*—

The Petition of John McCrackan, Inspector of Poor, Portpatrick humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Vint residing in Portpatrick your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Vint to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John McCracken

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 26th (4) day of October One thousand eight hundred and 85

STATEMENT.

If any 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 Vint
2. Sex and Age,	Female 47
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,	Portpatrick
7. Place where Found and Examined,	do
8. Length of time Insane,	not known
9. Whether First Attack,	previous attack about 30 years
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	Portpatrick
12. Duration of Existing Attack,	1 year
13. Supposed Cause,	none
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,	Portpatrick
18. Date of becoming Chargeable,	26th Octr 1885
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Vint no
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 26th day of October One thousand eight hundred and 85

(*To be signed by Party applying*) John McCracken

P. P.

John McCracken
Admitted 26 October 1885

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William A Algie being a (1) Licentiate of the Royal College of Physicians Edinburgh & Licentiate of Faculty of Physicians & Surgeons, Glasg and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Coronel Street Port Patrick in the County of Wigtownshire separately from any other Medical Practitioner visited and personally examined (4) Margaret Vint residing at Coronel Street Port Patrick and that the said Margaret Vint 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)

Absolute want of sleep & rest during night. says she hears the voices of some of her deceased relatives, sees visions of people who perpetual & incoherent talking, restless staring eyes, & troubled of face indicating great mental excitement & confusion. great suspicion of the conversation of neighbours & relatives whom she says are conspiring against

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

She has been confined in Lunatic Asylum some thirty years suffering from symptoms similar to present. Threatens to commit suicide; attempted violence to some of the neighbours.

The above information given by my (Sd)

Name and Medical Designation, William A Algie, LRCP, & FPS.

Place of Abode, Port Patrick

DATED this Twenty sixth day of October One thousand eight hundred and eighty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cochrane being a (1) Licentiate of the Royal College of Physicians & a Licentiate of the Faculty of Physicians & Surgeons Gl and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) Colonel St Port Patrick in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Margaret Vint, a pauper residing at Colonel St Port Patrick and that the said Margaret Vint is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Very much excited and began talking about religious matters a very excited manner. Says the Parish is a turncoat &c. Cursing and shouts at pitch of her voice in the Street.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Daniel Glass who resides near States that yesterday she was in a very excited st cursing and shouting. He saw her sta up in Church & checking the minister a his Sermon.

Name and Medical Designation, Hugh Cochrane LRCP & FPS

Place of Abode Stranraer

DATED this 26th day of October One thousand eight hundred and eighty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(2) State medical qualification. (3) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William McGibbon Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) John McCracken Inspector of Poor Portpatrick
Certificates under the hands of William A Algie Surgeon Portpatrick
and Hugh Cochrane Surgeon Stranraer, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Vint residing in Portpatrick and that the said Margaret Vint is a (5) Lunatic or person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Vint as a Patient into the (6) Public Asylum of the 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 Vint which accompanied the said Petition.

DATED this twenty sixth day of October One thousand eight hundred and eighty five years

W. McGibbon

To the Superintendent of the (7) Public
Asylum of Southern Counties, Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No. 47 9/6.

Margaret Vinh

Portpatrick

Admitted 27 October 1885

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Wigtownshire *and his Substitutes,—*

The Petition of John McCracken Inspector of Poor Portpatrick

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John French

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) (~~Inspector of Poor Parish of Portpatrick~~) is at present in a state of Mental Derangement, and 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 French to the Southern Counties Asylum and to sanction his admission into the said Asylum.

John M Cracken

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty eighth (4) day of October One thousand eight hundred and Eighty 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,	John French
2. Sex and Age,	Male 32 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Wigtownshire Poorhouse Stranraer
7. Place where Found and Examined,	Poorhouse Stranraer
8. Length of time Insane,	5 years
9. Whether First Attack,	8th January 1880
10. Age (if known) on First Attack,	27 years of age
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of Existing Attack,	5 years
13. Supposed Cause,	~~His~~ 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 Portpatrick
18. Date of becoming Chargeable,	8th January 1880
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Agnes Glanton Portpatrick (Mother) Not Known to be insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 26th day of October One thousand eight hundred and 85

(*To be signed by Party applying*) John M Cracken

P. p.

Wigtownshire
Margaret Wink
Portpatrick

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Easton being a (1) Bachelor of Medicine & Mash Surg of Edin University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Poorhouse Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) John French, Pauper and that the said John French 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 talks incoherently - has wild delusions & threatens to kill certain inmates of the Asylum Ward here.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The attendant states he cannot control him; even in his presence he has assault other inmates - by hitting with his fist & striking with a spade

Name and Medical Designation, Thomas Easton M.B. C.M.

Place of Abode, Hanover H. Stranraer

DATED this 24th day of October One thousand eight hundred and eighty five

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Hugh Cochrane being a (1) Licentiate of the Royal College of Physicians & a Licentiate of the Faculty of Physicians & Surgeons Glasg and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) Combination Poorhouse Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) John French a pauper and that the said John French is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Appears in a very unsettled state and rambles very in his conversation

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The attendant states that for some time has been very troublesome and dangerous. [illegible] times he attacks and strikes the other [illegible] without any provocation

Name and Medical Designation, Hugh Cochrane SRCPE L.F.P.

Place of Abode, H. Stranraer

DATED this last 24 day of October One thousand eight hundred and eighty - five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William M'Gibbon Esq (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) John M'Cracken Inspector of the poor Portpatrick
Certificates under the hands of Thomas Easton Baikie of Medicine and Hugh Cochrane Surgeon both Kirkmaiden, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 French a pauper and that the said
John French 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 John French as a Patient into the (6) 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 which accompanied the said Petition.

DATED this twenty sixth day of October One thousand eight hundred and eighty five

W. M'Gibbon

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

John French.
Portpatrick
Admitted 28th October
1885

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(†) Sheriff or Steward. (‡) Shire or Stewartry.

Unto the Honourable the (†) Sheriff (~~of the (‡) county~~)
of ~~Renfrew~~ Lanark *and his Substitutes,*—

The Petition of William McNeill

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Anna McNeill

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic

your Petitioner's (*) 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 Anna McNeill to the Crichton Institution Dumfries and to sanction her admission into the said Asylum.

William McNeill
82 Albert Road, Crosshill, Glasgow

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 28 (*) day of October One thousand eight hundred and eighty 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,	Anna McNeill
2. Sex and Age,	Female Aged 25 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	No occupation
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	82 Albert Road, Crosshill, Glasgow
7. Place where Found and Examined,	Home
8. Length of time Insane,	About a fortnight
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	About a fortnight
13. Supposed Cause,	Religious excitement
14. Whether subject to Epilepsy,	not known
15. Whether Suicidal,	slightly, within the last few days
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William McNeill 82 Albert Road, Crosshill, Glasgow Her Father No member of the family was insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 28 day of October One thousand eight hundred and eighty five

(*To be signed by Party applying*) William McNeill

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, Adam Lawson Kelly being a (1) M.D. - F.F.P.S. Glasgow

and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 82 Albert Road Crosshill in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Anna Moffat.

the said Anna Moffat - 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. :—

1. Facts indicating Insanity observed by myself: (6)

Restlessness is very great - talkativeness is constant very Rambling & incoherent - says she has all powers on earth has only to Command & all must obey her - her manner and demeanour is excessive and noisy - shouting &

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

from Mother Sister and Father

sleepless restless under the influence of Narcotics she does not sleep at all - restless tearing & breaking incessantly - makes attempts to get out of the window - at times very boisterous & difficult to

Name and Medical Designation, A L Kelly M D

Place of Abode, 16 Carlton Place Gl

DATED this 28th day of October One thousand eight hundred and eighty 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.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Chalmers being a (1) M D Univ Glasg

and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 82 Albert Road Crosshill in the County of Renfrew separately from any other Medical Practitioner visited and personally examined (4) Anna Moffat residing 82 Albert Road Crosshill and that the said Anna Moffat is a (5) person of unsound mind and a proper person to be detained 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 rambling & incoherent prayer & Conversing

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Jane C Hedley married States that She talks constantly & has on several occasions had to jump over the w

Name and Medical Designation, James Chalmers M

Place of Abode 36 Abbotsford Pl

DATED this twenty eighth day of October One thousand eight hundred and eighty four years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Hugh Cowan Advocate (1) Sheriff Substitute of ~~the~~ (2) Renfrew and Bute having had produced to me, with a Petition at the instance of (3) William Moffat 82 Albert Road, Cronhill, Glasgow Certificates under the hands of Adam Lawson Kelly, M.D. Glasgow and James Chalmers, M.D. Glasgow, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Anna Moffatt and that the said Anna Moffatt is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Anna Moffat as a Patient into the (6) Crichton Institution Asylum of 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 Anna Moffatt which accompanied the said Petition.

DATED this twenty eighth day of October One thousand eight hundred and eighty five.

Hugh Cowan

To the Superintendent of the (7) Crichton Institution
Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 4799.

Miss Anna Moffatt,

Admitted 29 October 1855.

25 & 26 Vict., Cap. 54, Sect. 15.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2)

and his Substitutes,

(3) Insert Name and Designation.

The Petition of (3) Joseph Whitehead. Coal Merchant 76 Miss Street Paisley humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Miss Jessie Whitehead, ——

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) Sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jessie Whitehead ~~[illegible]~~ to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Joseph Whitehead

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 29th (5) day of October, One thousand eight hundred and Eighty 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,	Jessie Whitehead
2. Sex and age,	Female 26 years
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Nurse
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	44 Broomlands Paisley
7. Place where found and examined,	44 Broomlands Paisley, & Dumfries.
8. Length of time Insane,	6 years
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	20 years
11. When and where previously under Examination and treatment,	Rome
12. Duration of Existing Attack,	6 years
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Jane Whitehead 44 Broomlands - Paisley Mother -
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 29th day of October One thousand eight hundred and Eighty five

(To be signed by the Party applying) Joseph Whitehead

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - -
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - -
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - -
16. Has he threatened or attempted violence to others? If so, in what way? - -
17. How long has he been insane? - - -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, David Taylor being (1) Graduate in Medicine of Glasgow University. V. hereby certify, on soul and conscience, that I have this day, at (2) 44 Broomlands. Paisley in the County of Renfrew, seen and personally examined Jessie W Kirkhead, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

David Taylor M.D. &c

DATED this Twenty Eight day of October One thousand eight hundred and Eighty five Years

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, David Taylor
being a (1) Graduate in Medicine in Glasgow University &c.
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day at (3) 44 Broomlands Paisley in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Jessie Whitehead Domestic and that the said Jessie Whitehead is a (5) person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) *(6) State the Facts.*

Has a Meaningless vacant looking Countenance Answers when Spoken to by Saying Simply. yes or no in a Silly Childish Manner

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) *(7) State the Information, and from whom derived.*

Her Mother reports that for years she has been very peculiar in her disposition. Sometimes very restless and sleepless, occasionally highly excited and most difficult to Control

Name and Medical Designation, David Taylor M.D. &c.

Place of Abode, Paisley

DATED this Twenty Eighth day of October One thousand eight hundred and Eighty five years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Hunter Dryden
being a (1) Licentiate of the Royal colleges of Physicians and Surgeons of Edinburgh
and being in actual practice as a (2) general medical practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Miss Jessie Whitehead, of 44 Broomlands, Paisley and that the said Miss Jessie Whitehead is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) *(6) State the Facts.*

Her facial expression is dull, vacant, & meaningless, & is indicative of mental disorder - the cannot engage in intelligent conversation

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) *(7) State the Information, and from whom derived.*

Name and Medical Designation, J Hunter Dryden M.D. &c

Place of Abode, 39 Castle Street, Dumfries

DATED this thirtieth day of October One thousand eight hundred and eighty five years

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Stope Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Joseph Whitehead Coal Merchant 76 Moss Street Paisley Certificates under the hands of David Taylor and James Hunter Dryden being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jessie Whitehead, 44 Broomland & Paisley Paisley Street and that the said Jessie Whitehead, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jessie Whitehead as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jessie Whitehead which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DAYED this Thirteenth day of October One thousand eight hundred and eighty five.

David Boyle Stope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 4800.

Name, Miss Jessie Whitehead

Date of Admission, 29 October 1885.

No 1501.
Elizabeth McLachlan
Kirkmadrow
admitted 29 October 1883

N.B.—This Form shall be transmitted to the General Board of Lunacy after it is filled up, and after the Petition, Statement, Medical Certificates, and Order, are copied into it from Form A.

[Form A[1]]

20 & 21 *Vict., Cap.* 71, *Sect.* 37.

Notice of Admission of a Patient into an **ASYLUM.**

I hereby give notice, That (1) Elizabeth McLachlan
Pauper
was received into this House as a (2)
Patient on the (3) day of
and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

(Signed) *Superintendent.*

Dated at this (.) 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.

P. p.

(*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 Elizabeth M'Lachlan pauper is a (*) dangerous Lunatic hereby further certify that the Case of the said Elizabeth M'Lachlan pauper is One of Emergency, and I recommend the immediate removal of the said Elizabeth M'Lachlan to an Asylum accordingly.

Name, William Gemmell

Place of Abode, Drummore

DATED this 29th day of October One thousand eight hundred and eighty five

(*) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William M'Gibbon Spence (†) Sheriff substitute of the (‡) County of Wigtown having had produced to me, with a Petition at the instance of (§) Lauchlan Cochrane Inspector of Poor Kirkmaiden Certificates under the hands of William Gemmell M.B. Drummore and George Scott M.B. Stranraer, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (¶) Elizabeth M'Lachlan a pauper and that the said Elizabeth M'Lachlan is a (*) Lunatic or person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth M'Lachlan as a Patient into the (**) 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 M'Lachlan which accompanied the said Petition.

W. M'Gibbon

DATED this twenty ninth day of October One thousand eight hundred and eighty five

To the Superintendent of the (††) Public Asylum of Southern Counties Dumfries

---

(†) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(‡) State whether a County or Stewartry.
(§) Insert Name and Designation.
(¶) Describe him, and if a Pauper, state so.
(*) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(**) Public, District, or Private.
(††) 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]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ——— *of* ~~the~~ (2) Dumfries ~~of~~ and Galloway ——— *and his Substitutes,*—

The Petition of ~~Mr. Jas. McInnes~~ Miles McInnes Inspector of Poor, Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Hugh Dickson or Mowbray ——— your Petitioner's (3) Pauper, ——— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Hugh Dickson or Mowbray, to the Southern Counties Asylum and to sanction his admission into the said Asylum. Eight words deleted.

Miles McInnes

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

DATED this 30th (4) day of October ——— One thousand eight hundred and eighty five years.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Hugh Dickson or Mowbray
2. Sex and Age,	Male – 35 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Pringle Close Dumfries
7. Place where Found and Examined,	Police Office Dumfries
8. Length of time Insane,	A few days
9. Whether First Attack,	No
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	S.C. Asylum
12. Duration of Existing Attack,	—
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	30th October, 1885.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Isabella Ashley, wife, resident somewhere in Carlisle. No
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 30th day of October One thousand eight hundred and eighty five years. One word deleted.

(*To be signed by Party applying*) Miles McInnes

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Police Office Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Hugh Dickson Mowbray a Pauper and that the said Hugh Dickson Mowbray is a (5) person of Unsound mind and a proper Person to be detained under Care and Treatment, 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 delusions & dangerous statements, states that all the houses about Dumfries belongs to him that to preserve it he will murder somebody

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) George McLean. Sergeant of Police informs me that he was found on the streets this morning almost naked having an open knife in his hand threatening somebody

Name and Medical Designation, John Smith

Place of Abode, 14 Castle St. Dumfries

DATED this 30th day of October One thousand eight hundred and 85 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, Joseph Garibaldi Marshall being a (1) Graduate in Medicine of the University, Glasgow 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 Office, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Hugh Dickson Mowbray and that the said Hugh Dickson Mowbray is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Patient states he has had a message from God giving the [illegible] of Dumfries to him & that he has caught to watch them & see that they are not pulled in & if anyone touches them he is to murder them.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Sergeant McLean of the Burgh Police Dumfries states he was apprehended this morning almost naked with an open knife in his hand threatening some

Name and Medical Designation, J. G. Marshall

Place of Abode Dumfries

DATED this 30 day of Oct One thousand eight hundred and 85 years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Smith
being (1) Grad. Edin. M.D. Lecturer on Medicine & Edinburgh Univers.
hereby certify, on soul and conscience, that I have this day, at (2) Police Office Dumfries
in the County of Dumfries, seen and personally examined
Hugh Dickson Mowbray, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith. M.D. &c.

DATED this 30th day of October One thousand eight hundred and 85 years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute,
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Miles McJames,
Inspector of Poor Dumfries,
Certificates under the hands of John Smith,
and J. G. 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) Hugh Dickson Mowbray Labourer Dumfries & Galloway Pringles Close and that the said ~~Hugh Dickson Mowbray~~ is a (5) person of unsound mind, ~~Hugh Dickson Mowbray~~ and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Hugh Dickson Mowbray 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 Hugh Dickson Mowbray which accompanied the said Petition.

DBH DBH

DATED this Thirtieth day of October One thousand eight hundred and eighty five.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No. 4802.

Hugh Dickson Mowbray.

Dumfries

Admitted 30th October 1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — ~~of the (2) shires~~ of Dumfries & Galloway, *and his Substitutes,*—

Gretna, Annan

The Petition of Mr Christina Weall, Brownhouse, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Barbara Weall, your Petitioner's (3) daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Barbara Weall, to the Southern Counties Asylum — and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Christina Weall
~~Brownhouse~~

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 8th (4) day of November One thousand eight hundred and eighty 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,	Barbara Weall
2. Sex and Age,	female, 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,	Brownhouse.
7. Place where Found and Examined,	Brownhouse
8. Length of time Insane,	several months
9. Whether First Attack,	second attack
10. Age (if known) on First Attack,	21 years
11. When and where previously under Examination and Treatment,	Southern Counties' Asylum
12. Duration of Existing Attack,	~~several months.~~
13. Supposed Cause,	Not known.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not chargeable
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mother, Christina Weall Brownhouse by Annan
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	No other case of insanity in the family

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 8th day of November, One thousand eight hundred and eighty five

(*To be signed by Party applying*) Christina Weall

P. p.

Hugh Dickson Mowbray.
Dumfries

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Carruthers
being a (1) Lic Roy Coll Phys Edin & Lic Fac Phys & Sur
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Brownhouse
Gretna
Dumfries in the County of
separately from any other Medical Practitioner, visited and personally examined (4) Barbara Weall, Brownhouse
and that the said Barbara Weall is a (5) pauper
of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Patient is unclean in her person (when well she is rather particular and tasteful) - speaks in a noisy excited manner behaves in a wild & unruly manner towards

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Stevenson says patient is very violent at times, her conduct much unbecoming - and that her friends are unable to manage her at

Name and Medical Designation, William Carruthers
LRCP Ed

Place of Abode, Kirkpatrick Fleming

DATED this eighth day of November One thousand eight hundred and eighty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or 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 Barton Gass
being a (1) Lic Royal Coll Phys & Surgeons, Edin
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Brownhouses
Gretna
Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Barbara Weall, Brownhouses
and that the said Barbara Weall is a (5) person of
unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Laughs and talks incessantly: is very excited.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Weal says patient sleeps very little & talks away to herself in the night time: & that she is very violent & unmanageable at time.

Name and Medical Designation, J Barton Gass
LRCP Ed

Place of Abode Ecclefechan

DATED this eighth day of November One thousand eight hundred and eighty five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Carruthers being (1) Bic Roy Coll Phys Edinr, hereby certify, on soul and conscience, that I have this day, at (2) Browhouses in the County of Dumfries, seen and personally examined Barbara Weall, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Carruthers

DATED this 8th day of Nov. One thousand eight hundred and eighty five.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff. Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Mrs Christina Weall Browhouses Gretna Annan Certificates under the hands of William Carruthers and James Barton Gass, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Weall, Browhouses, Gretna (Petr's Daughter) and that the said Barbara Weall is a (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 Weall 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 Barbara Weall which accompanied the said Petition.

DATED this Eleventh day of November, One thousand eight hundred and eighty five.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

A. 1505.

Barbara Weall.

Admitted 9 November 1885.

Barbara Neal.
Admitted 9 November 1885

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) ~~of the~~ Dumfries and Galloway, *and his Substitutes,—*

The Petition of Elizabeth Duncan or Percy, 28 English Street, Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ephraim Percy, husband,

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Ephraim Percy to the Southern Counties Asylum, and to sanction this admission into the said Asylum.

Elizabeth ~~Mrs~~ Percy

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 10th (4) day of November, One thousand eight hundred and Eighty-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,	Ephraim Percy
2. Sex and Age,	34 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Baker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	28 English St Dumfries
7. Place where Found and Examined,	28 English St Dumfries
8. Length of time Insane,	about 6 weeks.
9. Whether First Attack,	No.
10. Age (if known) on First Attack,	about 30 years old
11. When and where previously under Examination and Treatment,	Southern Counties Asylum about 6 weeks
12. Duration of Existing Attack,	Not known.
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	He has threatened to do injury to others.
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Elizabeth Duncan or Percy above Residence (Wife) Brother Robert Percy is at present in an asylum.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 10th day of November One thousand eight hundred and Eighty-five.

(*To be signed by Party applying*) Elizabeth Percy

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 28 English St. Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Ephraim Percy Baker 28 English St. Dumfries and that the said Ephraim Percy is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His insane excited appearance. & rambling in coherent conversation.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife informs me that she can live with him. He has threatened to kill her & to stab with a knife one of his fellow workmen.

Name and Medical Designation, John Smith M.D.

Place of Abode, 14 Castle St. Dumfries

DATED this 10th day of November One thousand eight hundred and 85 years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Ferguson being a (1) Graduate of Edin. University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 28 English St. Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Ephraim Percy Baker 28 English St. and that the said Ephraim Percy is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is excited & restless & talks incoherently also he nods, winks knowingly & makes absurd grimaces.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife states that he is noisy & excitable & that she is afraid to live with him.

Name and Medical Designation, Thomas Ferguson M.B. & Surg.

Place of Abode 22 Castle St Dumfries

DATED this tenth day of November One thousand eight hundred and eighty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Smith, being (1) Graduate in Medicine & Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 28 English St. Dumfries in the County of Dumfries, seen and personally examined Ephraim Percy, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith. M.D.

DATED this 10th day of November One thousand eight hundred and 85 years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Elizabeth Duncan or Percy, 28 English Street, Dumfries Certificates under the hands of John Smith, and Thomas Ferguson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Ephraim Percy 28 English Street, Dumfries (Petitioners husband) and that the said Ephraim Percy is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ephraim Percy 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 Ephraim Percy which accompanied the said Petition.

DATED this Eleventh day of November One thousand eight hundred and eighty five years.

David Boyle Hope.

To the Superintendent of the (7) Public Asylum of Southern Counties, Dumfries.

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 1804.

Ephraim Percy.

Admitted 10 November
1885

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff — *of the* (*) ~~Stewartry~~ ~~Shire~~ of Dumfries ~~Galloway~~ ~~Kirkcudbright~~ ~~Castle Douglas~~ *and his Substitutes,*—

The Petition of Margaret Dunsmore, residing in humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Dunsmore, Sister, ——————

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic

your Petitioner's (*) is at present in a state of Mental Derangement, and 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 Dunsmore, —— to the Royal Christian Institution — Dumfries — and to sanction admission into the said Asylum.

(To be signed by the Party applying) Margaret Dunsmore

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 8th (*) day of November — One thousand eight hundred and 85.

STATEMENT.

If any 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 Dunsmore
2. Sex and Age,	Female — 62 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	White Seam Sewer
5. Religious Persuasion, so far as known,	Free Church of Scotland
6. Previous Place of Abode,	Castle Douglas
7. Place where Found and Examined,	do
8. Length of time Insane,	about five months
9. Whether First Attack,	First Attack.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	—
12. Duration of Existing Attack,	Five Months
13. Supposed Cause,	one Lancholy disposition
14. Whether subject to Epilepsy,	not 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,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Margaret Dunsmore — Sister Castle Douglas — No.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 8th day of November — One thousand eight hundred and 85.

(To be signed by the Party applying) Margaret Dunsmore

P. P.

Ephraim Pres. Printer Annandale

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Walter Lorraine ——— being a (1) Graduate of Edin: Univer: ———

and being in actual practice as a (2) General Practitioner ——— do hereby certify, on soul and conscience, that I have this day, at (3) King St- Castle Douglas ——— in the County of Kirkcudbright ——— separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Dinsmore ——— Castle Douglas ——— and that the said Elizabeth Dinsmore ——— is a (5) person of unsound mind ——— and a proper Person to be detained under Care and Treatment, 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 somewhat restless, gives undecided & evasive answers to questions - fancies that many things about her are right. but absurd in her imagination

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Has occasionally got into state of excitement with those about her cannot be dissuaded from her constantly in

Name and Medical Designation, Walter Lorraine M.B.

Place of Abode, Castle Douglas

Dated this 8th day of Nov One thousand eight hundred and 85

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Harrison ——— being a (1) Graduate of Edinburgh University ———

and being in actual practice as a (2) General Practitioner ——— do hereby certify, on soul and conscience, that I have this day, at (3) King St- Castle Douglas ——— in the County of Kirkcudbright ——— separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Dinsmore ——— and that the said Elizabeth Dinsmore ——— is a (5) person of unsound mind ——— and a proper person to be detained under Care and Treatment, 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 somewhat restless, gives undecided & evasive answers to question - fancies that many things about her are right. but absurd in her imagination

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her attendant says she will talk for days & nights together without sleeping - fancies that she is clothing & that her neighbours are interfering with her & her affairs

Name and Medical Designation, John Harrison M.B. & M. Edin

Place of Abode Castle Douglas

Dated this 8th day of November One thousand eight hundred and eighty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) ~~Elizabeth~~ Margaret Dunsmure residing in Castle Douglas, Certificates under the hands of Walter Loiraine, and John Nivison, , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Dunsmure, residing in Castle Douglas (Petner's sister) and that the said Elizabeth Dunsmure, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Dunsmure, as a Patient 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 Dunsmure, which accompanied the said Petition.

DATED this Tenth day of November, One thousand eight hundred and eighty five years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 4805.

Elizabeth Drumsmure

11 November 1885.

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway

——— *and his Substitutes,*—

(3) Insert Name and Designation.

The Petition of (3) Thos Hudson Bainbridge, Warehousemen, of Newcastle on Tyne.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Cuthbert Harold Bainbridge,

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) Nephew

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Cuthbert Harold Bainbridge to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

Thomas Hudson Bainbridge

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this ~~Fourth~~ Twelfth (5) day of November, One thousand eight hundred and Eighty 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,	Cuthbert Harold Bainbridge
2. Sex and age,	male. Aged 20
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Student
5. Religious Persuasion, so far as known,	Wesleyan Methodist
6. Previous place of abode,	Leys School Cambridge
7. Place where found ~~and examined~~ Examined	Newcastle on Tyne
8. Length of time Insane,	about Dumfries 6 weeks
9. Whether First Attack,	Six weeks ago (say Sept 26/85)
10. Age (if known) on First Attack,	20.
11. When and where previously under Examination and treatment,	D Einstwood's Dinsdale Park Darlington
12. Duration of Existing Attack,	6 weeks
13. Supposed Cause,	Over-study
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	occasionally Violent
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	———
18. Date of becoming Chargeable,	———
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Emerson Muschamp Bainbridge of Eshott Hall Northumberland is his grand father. No member of family on Either side been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this ~~Fourth~~ Twelfth day of November One thousand eight hundred and

(To be signed by the Party applying) Thomas Hudson Bainbridge

Elizabeth Dunsmure
11 November 1885.

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	5 Framlington Place Newcastle
2. Character of Education,	General & classical
3. Is the natural disposition cheerful or melancholy—reserved or frank,	a little reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Quite steady & fairly industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Commenced 6 weeks ago. Symptoms—partly hyperchondriacal & partly religious, developing into occasional violence in the night
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	one uncle intemperate
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	Father: typhus fever. Mother: paralysis following purchase fever
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	No
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	fancied he was ill – going to die – depression & excitement
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	Sleeplessness for several nights hurt in head – Eyes somewhat blood shot.
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	The occasional fits of violence have now disappeared I understand
13. What changes have taken place in his bodily symptoms?	He has improved physically
14. Is he dirty, destructive, untidy, or obscene?	No
15. Has he threatened or attempted violence to himself? If so, in what way?	No! but I understand he (occasionally) has the idea that changes are taking place in his body which usually take place in the grave, & [illegible] and have to be destroyed!
16. Has he threatened or attempted violence to others? If so, in what way?	Yes, but principally at night for 20 or 30 minutes after wakening in an excited condition
17. How long has he been insane?	about six weeks.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, James Hunter Dryden ——— being (1) Licentiate of the Royal College of Physicians Edinr. hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries ———, seen and personally examined Cuthbert Harold Bambridge ———, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J Hunter Dryden LRCPSEd

DATED this eleventh day of November One thousand eight hundred and eighty five years

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, James Hunter Dryden,
being a (1) Licentiate of the Royal College of Physicians and Surgeons, Edinburgh,
and being in actual practice as a (2) general medical practitioner,
hereby certify, on soul and conscience, that I have this day at (3) Dumfries Railway Station, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Cuthbert Harold Bamberidge and that the said Cuthbert H. Bamberidge is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) He is dull & depressed. He has delusions about himself. He says he is in a state of "living decomposition". He imagines that he is about to die. He

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J. Hunter Dryden M.R.C.P.E.

Place of Abode, 39 Castle Street, Dumfries

Dated this eleventh day of November One thousand eight hundred and eighty four years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Alexander Dick MacDonald
being a (1) Graduate of Edinburgh University,
and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Castle Royal Hotel Dumfries in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Cuthbert Harold Bamberidge and that the said Cuthbert Harold Bamberidge is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) He says his wrist is wrong in body which has been dead for four weeks and he is quite unlucky. The translation of his present and future is that he are eating

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Dr Keay tells me he refused to rise this morning as he did so his body would at once dissolve - his body is decomposing rapidly he says

(7) *State the Information, and from whom derived.*

Name and Medical Designation, A. D. MacDonald M.D.

Place of Abode, 17 Castle St Dumfries

Dated this 17th day of Nov One thousand eight hundred and eighty four

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope, — (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Thomas Anderson Bambridge, Waggonsman, Newcastle on Tyne, Certificates under the hands of Hunter Dryden and Alexander Dall Macdonald, — , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Cuthbert Harold Bambridge, Student, Newcastle on Tyne (Peter's nephew), and that the said Cuthbert Harold Bambridge, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Cuthbert Harold Bambridge, — as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize his — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Cuthbert Harold Bambridge which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twelfth — day of November — One thousand eight hundred and eighty five years.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 4106.

Name, Cuthbert Harold Bambridge

Date of Admission, 14 November 1885.

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE ~~ROYAL EDINBURGH ASYLUM~~.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff Crichton Royal Institution *of* ~~the~~ (2) Dumfries and Galloway *of* _____ *and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) Alexander Keiller 21 Queen St. Edin.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Alexander Keiller — your Petitioner's (4) Son _____

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Alexander Keiller to the Royal ~~Edinburgh Asylum for the Insane~~, and to sanction his admission into the said Asylum.

Crichton Royal Institution

Alex Keiller

(5) The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 12th (6) day of Nov. One thousand eight hundred and eighty 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,	James Alexander Keiller
2. Sex and Age,	30, Male
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	No occupation
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	21 Queen St. Edin.
7. Place where Found and Examined,	Police office. Edin.
8. Length of time Insane,	a year or two.
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	28
11. When and where previously under Examination and treatment,	No column
12. Duration of Existing Attack,	a year or two.
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Threatened
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Alexander Keiller 21 Queen Street Edin. Father Sister.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twelfth day of November, One thousand eight hundred and eighty five.

(*To be signed by the Party applying*) Alex Keiller

ADDITIONAL STATEMENT.

For the Information of the Physician.

1. Birthplace. . . . . Edin
2. Character of Education. . . . . Good
3. Is the natural disposition cheerful or melancholy —reserved or frank? . . . . cheerful
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? . . . . moderate & steady
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? . . . . no
6. What relatives of the patient have been epileptic, paralytic, intemperate, eccentric, or insane? . . . . Sister. occurrent mania
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? . . . . F. & M. alive
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? . . . . no
9. Was there any immediate cause of the attack that directly brought it on, *e. g.*, mental shock, childbirth, &c.? . . . . drinking
10. What were the first symptoms of mental derangement observed, *e. g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? . . . . towards [illegible] Love to the other relatives. Constant to brother & sisters.
11. Were there any bodily symptoms present at first, *e. g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? . . . . Sleepless. Craving for drink
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? . . . . Has [illegible] violent & at times filthy in his habits
13. What changes have taken place in his bodily symptoms? . . . . [illegible]
14. Is he dirty, destructive, untidy, or obscene? . . . . [illegible]
15. Has he threatened or attempted violence to himself? If so, in what way? . . . . Occasionally destructive & threatens to put a knife in his mother. Said if he could kill himself
16. Has he threatened or attempted violence to others? If so, in what way? . . . . [illegible]
17. How long has he been insane? . . . . a year or less.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Henry D. Tinsley Snr
being (1) M.D. Edin. & M.R.C.S.E.,
hereby certify, on soul and conscience, that I have this day, at (2) 16 Rose Chambers, Edin.
in the County of Midlothian, seen and personally examined
James Alexander Keiller, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Henry D. Tinsley Snr. M.D.

Dated this 12th day of November One thousand eight hundred and eighty seven.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Henry Duncan Littlejohn ——— being a (1) Mr. Edinburgh and Dr. Letters of the Royal College of Surgeons of Edinburgh ——— and being in actual practice as a (2) Physicians & Surgeon ——— hereby certify, on soul and conscience, that I have this day at (3) 24 Royal Circus Edinburgh ——— in the County of Midlothian ——— separately from any other Medical Practitioner, visited and personally examined (4) James Alexander Keiller and that the said James Alexander Keiller is a (5) person of unsound mind 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)
Peculiar listless manner & occasional violent outbreaks delusions as to his parents are leagued against him & deprivation of his rights &c &c

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
From evidence during trial he threatens to shoot with instruments. Just released from confinement & language.
Mentes Status

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Henry Littlejohn MD

Place of Abode, 24 Royal Circus Edinb.

DATED this 12th day of November One thousand eight hundred and eighty four years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Joseph Bell ——— being a (1) Fellow 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) Police Office of Edinburgh ——— in the County of Midlothian ——— separately from any other Medical Practitioner, visited and personally examined (4) James Alexander Keiller ——— and that the said James Alexander Keiller ——— is a (5) Person of unsound mind ——— 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) Absolute apathy, as to his present position in a police cell — delusions as to constant molestations from childhood in the part of his parents — has confessed to suicidal impulses and intentions — has known for years he was a confirmed masturbator

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
That he had attacked his mother with a knife. (by Dr Keiller)
A trial in presence of Dr Littlejohn he used similar threats against Father & Mother. (by Dr Littlejohn)

(7) *State the Information, and from whom derived.*

Names and Medical Designation, Joseph Bell FRSEd

Place of Abode 2 Melville Crescent

DATED this twelfth day of November One thousand eight hundred and eighty four years.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Alexander Keiller, 21 Queen Street Edinburgh Certificates under the hands of Henry D. Littlejohn and Joseph Bell, , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Alexander Keiller 21 Queen St Edinburgh and that the said James Alexander Keiller, is a (5) person of unsound mind (Plurison)

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Alexander Keiller, as a Patient into the D K H Cruchton Royal Institution ~~Royal Edinburgh Asylum~~ for the Insane, 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 Alexander Keiller, which accompanied the said Petition.

DATED this Fourteenth day of November, One thousand eight hundred and eighty five years.

David Boyle Hope

D B
Cruchton Royal Institution
H

To the Medical Superintendent of the ~~Royal Edinburgh Asylum~~ for the Insane.
Dumfries

Name James Alexander Keiller
Date of Admission 13 November 1885.
No. 1804.

LETTER OF OBLIGATION FOR PAYMENT OF BOARD.

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GENTLEMEN,

As you have agreed to admit into the Royal Edinburgh Asylum for the Insane, as an ordinary patient and boarder, at the rate of per annum, I hereby oblige myself to pay to your Treasurer the said patient's board quarterly, and in advance, at the rate of or such other rate, as may from time to time be determined by you; to provide the requisite supplies of clothes for the patient, or, in the event of such clothes being supplied by you, to pay for the same to your Treasurer; to pay to your Treasurer for all stimulants or extraordinary furnishings supplied to the patient on the order of your Physicians; and to repay your Treasurer for all cash advanced to, or on behalf of, the patient. I also oblige myself to remove the patient when desired; to defray, in case of death, the funeral charges; and to fulfil any other condition incumbent on me as surety for the patient, according to your Regulations.

To the Managers of the Royal Edinburgh Asylum for the Insane.

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway, ——— *and his Substitutes,*—

(3) Insert Name and Designation.

The Petition of (3) William Craig Inspector of Poor Kelso humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Grace Paterson, ——— your Petitioner's (4) Pauper, ——— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Grace Paterson ——— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

Wm Craig Inspr of Poor

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this Seventeenth (5) day of November, One thousand eight hundred and eighty five years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Grace Paterson
2. Sex and age,	Female 22 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,	New Galloway
7. Place where found and examined,	New Galloway
8. Length of time Insane,	
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,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	D
16. Whether Dangerous to others,	D
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kelso
18. Date of becoming Chargeable,	1 November 1885.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Grace Dalling (Sign) St New Galloway 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.

DATED this Seventeenth day of November, One thousand eight hundred and eighty five

(To be signed by the Party applying) Wm Craig Inspr of Poor Kelso

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? - -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - -
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane? - - -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, David Arthur, being (1) a Bachelor of Medicine & Master of Surgery, hereby certify, on soul and conscience, that I have this day, at (2) New Galloway, in the County of Kirkcudbright, seen and personally examined Grace Paterson, _____, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

David Arthur MB

DATED this Seventeenth day of November One thousand eight hundred and eighty five.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, David Arthur ——— being a (1) Bachelor of Medicine & Master of Surgery, of the University of Glasgow ——— and being in actual practice as a (2) Physician & Surgeon ——— hereby certify, on soul and conscience, that I have this day at (3) High St New Galloway ——— in the County of Kirkcudbright ——— separately from any other Medical Practitioner, visited and personally examined (4) Grace Paterson, High St New Galloway ——— Pauper, ——— and that the said Grace Paterson ——— 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. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6)

(6) *State the Facts.*

She has pulled all the hair out of her head.
Talks irrelevantly.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Information got from her grandmother Grace Dalby residing at High St New Galloway that she wanders very much in her talk and cannot be kept in house under watch & care.

Name and Medical Designation, David Arthur M.B.

Place of Abode, New Galloway

DATED this seventeenth day of November One thousand eight hundred and eighty five.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, John Cunningham being a (1) Licentiate of the Royal College of Physicians & Surgeons, Edinburgh & M.D. ——— and being in actual practice as a (2) Physician & Surgeon ——— hereby certify, on soul and conscience, that I have this day, at (3) 35 Broadwall St. Dumfries, ——— in the County of Dumfries ——— separately from any other Medical Practitioner, visited and personally examined (4) Grace Paterson, Pauper, New Galloway, ——— and that the said Grace 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) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) The facial expression indicates mental disorder.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

She is restless & plays about the room but knowing what she wants. This information was received from Jane Murdoch, New Galloway.

Name and Medical Designation, John Cunningham M.D. L.R.C.P. & S.Ed.

Place of Abode, 35 Broadwall St. Dumfries

DATED this fourteenth day of November One thousand eight hundred and eighty five years.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope, (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) William Craig Inspector of Poor, Kells, Certificates under the hands of David Arthur, and John Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Grace Paterson, Domestic Servant, High St, New Galloway, and that the said Grace Paterson, is a (5) insane person (a pauper) 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 Grace Paterson, as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Grace Paterson, which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Seventeenth day of November One thousand eight hundred and eighty five years.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 4808.

Name, Grace Paterson

Date of Admission, 17 November 1885.

35 & 36 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Renfrew & Bute

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) Catherine Muir.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Miss Flora Livingstone your Petitioner's (4) Sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Flora Livingstone to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

Mrs Catherine Muir

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 23rd (5) day of December One thousand eight hundred and Eighty five

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Flora Livingston
2. Sex and age,	Female — 54.
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Temperate, shopkeeping —
5. Religious Persuasion, so far as known,	Free Church
6. Previous place of abode,	65. Holmscroft St Greenock
7. Place where found and examined,	do do
8. Length of time Insane,	3 months
9. Whether First Attack,	first attack
10. Age (if known) on First Attack,	54 —
11. When and where previously under Examination and treatment,	
12. Duration of Existing Attack,	3 months
13. Supposed Cause,	Grief
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,	Greenock
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Catherine Muir 29 Ardgowan St. St. Greenock Sister Brother was temporarily insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	No —

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 23rd day of November One thousand eight hundred and Eighty five

(To be signed by the Party applying) Mrs Catherine Muir

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -

2. Character of Education, - - - - -

3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -)

4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -)

5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -)

6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -)

7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? - - - -)

8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -)

9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -)

10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - -)

11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? -)

12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - -)

13. What changes have taken place in his bodily symptoms? - - - - - -)

14. Is he dirty, destructive, untidy, or obscene? -

15. Has he threatened or attempted violence to himself? If so, in what way? - - -)

16. Has he threatened or attempted violence to others? If so, in what way? - -)

17. How long has he been insane? - - - -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

.....

DATED this day of One thousand eight hundred and

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, being a (1) Grad. in Med. of the Univ. 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) 51 Holmscroft St. Greenock in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Flora Livingston, Shopkeeper and that the said Flora Livingston is a (5) person of unsound mind 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) Extreme mental depression dependent on the belief that she has committed great & unpardonable sins, rendering her unwilling or unfit to attend to her ordinary duties—

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her sister Mrs Muir, states that she has been in the state above described for about three months—

(7) *State the Information, and from whom derived.*

Name and Medical Designation, James Wallace, M.D.

Place of Abode, 16 Union St. Greenock

DATED this twenty-first day of Nov., One thousand eight hundred and eighty-five.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Archibald Sullaron Richmond being a (1) Grad. in Med. of the Univ. of Aberdeen and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 51 Holmscroft Street Greenock in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Flora Livingston Shopkeeper and that the said Flora Livingston is a (5) person of unsound mind 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) depression Dangerous state of Mental dependent on delusions of having caused great evil to others

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her sister Mrs Muir states that she has been in the above described condition for a long time. and Mrs Muir avers that bad consequences may result to other members of the family from continuing to associate with her

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Archd S. Richmond M.D.

Place of Abode, 21 Patrick Street Greenock

DATED this twenty third day of November, One thousand eight hundred and eighty five

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, John Thomson, (1) Sheriff Substitute of the (2) Counties of Renfrew and Bute having had produced to me, with a Petition at the instance of (3) Mrs Catherine Davis, Tenant, Greenock Certificates under the hands of James Wallace, M.D. Greenock and Arch. J. Richmond, M.D. Greenock, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (*) Flora Livingston, Late Shopkeeper, Greenock and that the said Flora Livingston is a (5) person of unsound mind

(*) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Flora Livingston as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Flora Livingston which accompanied the said Petition.

DATED this twenty third day of November One thousand eight hundred and eighty five.

John Thomson

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 4809.

Name, Mrs Flora Livingston.

Date of Admission, 24 November 1885.

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway:

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) Geo. E. Fairclough Clerk 110 Holt Liverpool

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Esther Fairclough - Widow, of 110 Holt Road Liverpool

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) Mother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Esther Fairclough to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Geo. E. Fairclough

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 25th (5) day of November One thousand eight hundred and eighty five years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Esther Fairclough
2. Sex and age,	Female 60
3. Married, Single, or Widowed,	Widow
4. Condition of Life and previous Occupation (if any),	Very quiet life. No occupation
5. Religious Persuasion, so far as known,	Wesleyan Methodist
6. Previous place of abode,	Liverpool
7. Place where found and examined,	
8. Length of time Insane,	Some years
9. Whether First Attack,	No
10. Age (if known) on First Attack,	about 40
11. When and where previously under Examination and treatment,	At Haydock Lodge near Newton le Willows
12. Duration of Existing Attack,	Off and on for about 6 years
13. Supposed Cause,	None that I know of
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No
16. Whether Dangerous to others,	At times but has never done anything
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Geo E Fairclough 110 Holt Rd Edge Lane Liverpool No.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 25th day of November One thousand eight hundred and Eighty five

(To be signed by the Party applying). Geo. E. Fairclough

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, — Liverpool
2. Character of Education, — Religious
3. Is the natural disposition cheerful or melancholy—reserved or frank, — Melancholy reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? — Unsettled & partly intemperate Easily drawn when taking nothing
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? — Yes. very often. Imagining Strange people talking to them at Maydow Lodge
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? — None that I know of
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? — Chest complaints Bronchitis
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? — I believe so - ~~pregnancy~~
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? — Mild fever originally & drunk
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? — Talking in very bad Language to imaginary People. generally at night
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? — Pain in Head
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? —
13. What changes have taken place in his bodily symptoms? —
14. Is he dirty, destructive, untidy, or obscene? — Talks most about people whom she can't call father
15. Has he threatened or attempted violence to himself? If so, in what way? — No
16. Has he threatened or attempted violence to others? If so, in what way? — Threatened to kill her sons & friends & imaginary people
17. How long has he been insane? —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, James Hunter Dryden ——— being (1) Licentiate of the Royal college of Physicians Edin. hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries ———, seen and personally examined Mrs Esther Fairclough ———, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J Hunter Dryden Gregson

DATED this 24th day of November One thousand eight hundred and eighty five years —

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal Colleges of Physicians and Surgeons, Edinburgh. and being in actual practice as a (2) general medical practitioner hereby certify, on soul and conscience, that I have this day at (3) 39 Castle Street, Dumfries, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Esther Fairclough - a widow, of Liverpool and that the said Esther Fairclough is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6)

She is excited and violent at times. Her language is violent and at times filthy. She suffers from delusions; and says that spirits from the other world visit her at night and annoy her in every way. She is very suspicious & says that her family are in league with her enemies.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Her son, George, says that she has threatened to kill him.
She has had previous residence in an Asylum -

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J Hunter Dryden LRCP. & SRO.

Place of Abode, 39 Castle Street, Dumfries

DATED this 24th day of November One thousand eight hundred and eighty five years

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Alexander William Macfarlane being a (1) Doctor of Medicine - Glasgow University - and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution. Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Esther Fairclough, a widow, of Liverpool and that the said Mrs Esther Fairclough is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) She suffers from delusions, believes she is visited by her children who are dead & that they speak to her. That she constantly hears voices. That a woman laid her hands upon her arms and the veins disappeared she is suspicious

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Nurse Jessie Maccall. That she shrinks a hand lady she resided with ate the flesh off her hands. and that she is visited by spirits

(7) *State the Information, and from whom derived.*

Name and Medical Designation, A W Macfarlane M.D.

Place of Abode, Kilmarnock

DATED this 25th day of November One thousand eight hundred and eighty five

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) George E. Fairclough Clerk, 110 Scott Road, Liverpool Certificates under the hands of James Hunter Dryden and Alexander William Macfarlane being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Esther Fairclough Widow, of Liverpool (Three Meters) and that the said Mrs Esther Fairclough is a (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 Esther Fairclough as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Esther Fairclough which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twenty sixth day of November, One thousand eight hundred and eighty five.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 4810

Name, Mrs Esther Fairclough

Date of Admission, 24th November 1885

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway *and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) Alexander Brown Minister of the Free Church Rathwell humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Elizabeth Mackie Brown your Petitioner's (4) daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Mackie Brown to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

Alexander Brown

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this Third (5) day of December, One thousand eight hundred and eighty five years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth Mackie Brown
2. Sex and age,	female 35
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	She has lived at home with her brother
5. Religious Persuasion, so far as known,	Free Church
6. Previous place of abode,	No. F. C. Manse Mouswald
7. Place where found and examined,	She became affected in the end of July
8. Length of time Insane,	
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,	Cause unknown
14. Whether subject to Epilepsy,	—
15. Whether Suicidal,	Suicidal
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	The Revd. Alexander Brown above designed. (Father)
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Third day of December One thousand eight hundred and eighty five years.

(To be signed by the Party applying) Alexander Brown

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - Born here in the Free Church Manse
2. Character of Education, - - - - Liberal Education
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - Rather reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - Two Aunts died in some Asylum upwards of 40 years ago
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - -
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? - She has been falling off in bodily health for some time
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - -
14. Is he dirty, destructive, untidy, or obscene? - *
15. Has he threatened or attempted violence to himself? If so, in what way? - - -
16. Has he threatened or attempted violence to others? If so, in what way? - -
17. How long has he been insane? - - -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, R. Baillie Macbean ——— ———
being (1) Physician & Surgeon ———
hereby certify, on soul and conscience, that I have this day, at (2) F. C. Manse Monsewald
in the County of Dumfries ——, seen and personally examined
Elizabeth Mackie Brown ———, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

R. Baillie Macbean M.B., C.M.,

DATED this third day of December, One thousand eight hundred and eighty five -

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow & Surgeon and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day at (3) 27 Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Mackie Brown Spinster Free Church Manse Mousewald and that the said Elizabeth Mackie 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) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6)
Her melancholic condition — the gloomy views she takes about her spiritual state, and changed habits

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Told by her father that the above condition has existed several months, requiring the services of a special nurse.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Alex Thomson M.D. &c

Place of Abode, 27 Castle St. Dumfries

DATED this Third day of December One thousand eight hundred and Eighty-five years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Robert Baillie Macbean, being a (1) Bachelor of Medicine & Master in Surgery Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Free church Manse, Mousewald in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Mackie Brown and that the said Elizabeth Mackie 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) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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) unreasonable silence & moroseness, refusal of food. have seen her in a paroxysm of wild excitement

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The nurse mentions paroxysms of excitement miserable weeping for almost a day at a time attempted suicide by strangulation — has already taken a dislike to her sister — sleeplessness & melancholy — fears she has sinned against the Holy Ghost — formed by her father

(7) *State the Information, and from whom derived.*

Name and Medical Designation, R Baillie Macbean M.B., C.M.

Place of Abode, Annan

DATED this third day of December, One thousand eight hundred and eighty five.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope (1) Sheriff Substitute, of the (2) County of Dumfries having had produced to me with a Petition at the instance of (3) Alexander Brown Minister of the Free Church, Ruthwell, Certificates under the hands of Alexander Thomson, and R. Baillie Maclean, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Mackie Brown, J.C. Manse Ruthwell and that the said Elizabeth Mackie Brown is a (5) Pauper Idiot daughter person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Mackie Brown as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Mackie Brown which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Fourth day of December, One thousand eight hundred and eighty five years.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 4811.

Name, Miss Elizabeth Mackie Brown

Date of Admission, 2nd December 1885.

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE ROYAL ~~EDINBURGH ASYLUM~~.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries and Galloway, *and his Substitutes.*

(3) Insert Name and Designation.

The Petition of (3) Thomas Gaff, 2 Windsor Street, Edinburgh,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Drummond Gaff, your Petitioner's (4) Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Drummond Gaff to the Crichton Royal Institution, Dumfries, ~~Royal Edinburgh Asylum for the Insane~~, and to sanction his admission into the said Asylum.

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

Wm Gaff

(5) The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this ~~Seventh~~ 8th (5) day of December One thousand eight hundred and eighty 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,	Thomas Drummond Gaff.
2. Sex and Age,	Male. Age 25 years
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Clerk in Brewers office
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	2 Windsor Street, Edinburgh.
7. Place where Found and Examined,	2 Windsor St. Edin. & Crichton Royal Institution, Dumfries
8. Length of time Insane,	one week
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	25 years.
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	one week
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Thomas Gaff, House Agent, 2 Windsor Street, Edinburgh, Father.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 8th day of December, One thousand eight hundred and eighty five.

(*To be signed by the Party applying*)

Wm Gaff
2 Windsor St, Edin.

ADDITIONAL STATEMENT.

For the Information of the Physician.

1. Birthplace,	Edinburgh
2. Character of Education.	Commercial Education
3. Is the natural disposition cheerful or melancholy, reserved or frank?	Naturally quiet
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	At business industrious; a little unpleasant in his manner of doing things.
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Never before
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	Do not think any of these symptoms in any of his relatives.
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	There have been four deaths in the family but these took place in childhood from ordinary causes.
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Cannot tell
9. Was there any immediate cause of the attack that directly brought it on, *e. g.*, mental shock, childbirth, etc.?	
10. What were the first symptoms of mental derangement observed, *e. g.*, alteration of conduct or disposition, elevation, depression, fancies, etc.?	Depression, fancies &c
11. Were there any bodily symptoms present at first, *e. g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, etc.?	Sleeplessness has a characteristic in the patient's malady
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	
13. What changes have taken place in his bodily symptoms?	Emaciated in body
14. Is he dirty, destructive, untidy, or obscene?	No
15. Has he threatened or attempted violence to himself? If so, in what way?	No
16. Has he threatened or attempted violence to others? If so, in what way?	No
17. How long has he been insane?	Since Wednesday of last week

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CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Thomas Smith Clouston, being (1) a Fellow of the College of Physicians Edinr hereby certify, on soul and conscience, that I have this day, at (2) 2 Jordan St. Edinburgh in the County of Midlothian, seen and personally examined Thomas Drummond, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

T. S. Clouston M.D. F.R.C.P.E.

Dated this 5th day of December One thousand eight hundred and 85.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, being a (1) Fellow of the College of Physicians and Surgeons Physician and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day at (3) 2 Lincluden Cottages in the County of separately from any other Medical Practitioner, visited and personally examined (4) Thomas Drummond Gaff, Clerk, 2 Lincluden Cottages, Edinburgh and that the said Thomas Drummond Gaff is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) His appearance, manner and habits of speech are those of a person of unsound mind. He has many delusions, he hears voices which do not really exist, he has delusions of persecution & says he is being tortured by electricity. These symptoms have been present for a long time & his conduct is taking place.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His sister and staff nurse at the Crichton Royal Institution, Dumfries.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J. Clouston M.D. F.R.C.P.

Place of Abode, 7 Joseph's Hall, Edinburgh

DATED this 5th day of December One thousand eight hundred and 85.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, being a (1) Fellow of the Royal College of Physicians Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas Drummond Gaff, clerk 2 Lincluden Street, Edinburgh and that the said Thomas Drummond Gaff is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) His expression, countenance, and general appearance indicate mental disorder; he does not converse intelligently; he has delusions; he hears voices speaking to him at night, he says someone has charged his body with electricity &c &c.

(6) *State the Facts.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J. Hunter Dryden F.R.C.S.Ed.

Place of Abode, 19 Castle Street, Dumfries

DATED this eighth day of December One thousand eight hundred and eighty five years.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, William Henry Shortt Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas Gaff, 2 Windsor Street, Edinburgh, Certificates under the hands of Thomas Smith Clouston, and James Hunter Dryden, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Drummond Gaff 2 Windsor Street Edinburgh and that the said Thomas Drummond Gaff, (Peters son) is a (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 Drummond Gaff as a Patient into the ~~Royal Edinburgh Asylum~~ Crichton Royal Institution for the Insane, 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 Drummond Gaff which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Eighth day of December One thousand eight hundred and eighty five years.

Ed H Shortt

To the Medical Superintendent of the ~~Royal Edinburgh Asylum~~ Crichton Royal Institution for the Insane.
Dumfries

Six words deleted.

No. 4812.

Name, Thomas Drummond Gaff

Date of Admission, 7 December 1885.

LETTER OF OBLIGATION FOR PAYMENT OF BOARD.

GENTLEMEN, 188

As you have agreed to admit into the Royal Edinburgh Asylum for the Insane, as an ordinary patient and boarder, at the rate of per annum, I hereby oblige myself to pay to your Treasurer the said patient's board quarterly, and in advance, at the rate of or such other rate, as may from time to time be determined by you; to provide the requisite supplies of clothes for the patient, or, in the event of such clothes being supplied by you, to pay for the same to your Treasurer; to pay to your Treasurer for all stimulants or extraordinary furnishings supplied to the patient on the order of your Physicians; and to repay your Treasurer for all cash advanced to, or on behalf of, the Patient. I also oblige myself to remove the patient when desired; to defray, in case of death, the funeral charges; and to fulfil any other condition incumbent on me as surety for the patient, according to your Regulations.

To the Managers of the Royal Edinburgh Asylum for the Insane.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of Dumfries & Galloway and his Substitutes,—

The Petition of D Wm Lawson Inspector of Poor of Annan,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Clark

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (*) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said David Clark to the Southern Counties Asylum, and to sanction his admission into the said Asylum.

D Wm Lawson Insp of Poor Annan

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this eighth (*) day of December One thousand eight hundred and eighty 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,	David Clark
2. Sex and Age,	Male 44 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,	Lochfoot Annan
7. Place where Found and Examined,	Lochfoot
8. Length of time Insane,	As three weeks
9. Whether First Attack,	Yes first
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	3 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,	Annan
18. Date of becoming Chargeable,	7th December
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Clark – father Lochfoot Annan – no previous case of insanity amongst relations
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 8th day of December One thousand eight hundred and eighty five

(*To be signed by Party applying*) D Wm Lawson Inspector of Poor for Annan

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, Daniel Mackenzie
being a (1) Bachelor of Medicine & Master in Surgery
of Edinburgh University
and being in actual practice as a (2) General Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Lochfield
Annan
Dumfries separately from any other Medical Practitioner, in the County of
visited and personally examined (4) David Clark, Farm Labourer,
the said David Clark 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.:—

1. Facts indicating Insanity observed by myself: (6) A vacant look & undecided manner a complete alteration in his habits & tastes, restlessness, & stupid answers to plain questions.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Wandering about by night & day without a fixed purpose. Great change in his manner & general conduct.

Name and Medical Designation, Daniel Mackenzie M.B. & C.M.

Place of Abode, Annan, Dumfriesshire

DATED this seventh day of December One thousand eight hundred and eighty five 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, David Charles Cox
being a (1) Licentiate 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) Lochfield
Annan
Dumfries separately from any other Medical Practitioner, in the County of
visited and personally examined (4) David Clark, Farm Labourer
the said David Clark 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.:—

1. Facts indicating Insanity observed by myself: (6) Undecided & listless manner - Some amount of incoherence & inability to answer questions correctly.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Great restlessness - a desire to work but unable to apply his mind to it - very eccentric in his dress & at times a wish for solitude alternating with undue excitement.

Name and Medical Designation, D. Chas. Cox L.R.C.P.E.

Place of Abode Annan, Dumfriesshire

DATED this seventh day of December One thousand eight hundred and eighty five years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Daniel Mackenzie being (1) Bachelor of Medicine & Master in Surgery, Edin.r Univ. hereby certify, on soul and conscience, that I have this day, at (2) Annan in the County of Dumfries, seen and personally examined David Clark, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Daniel Mackenzie, MB & CM.

DATED this Seventh day of December One thousand eight hundred and eighty five years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

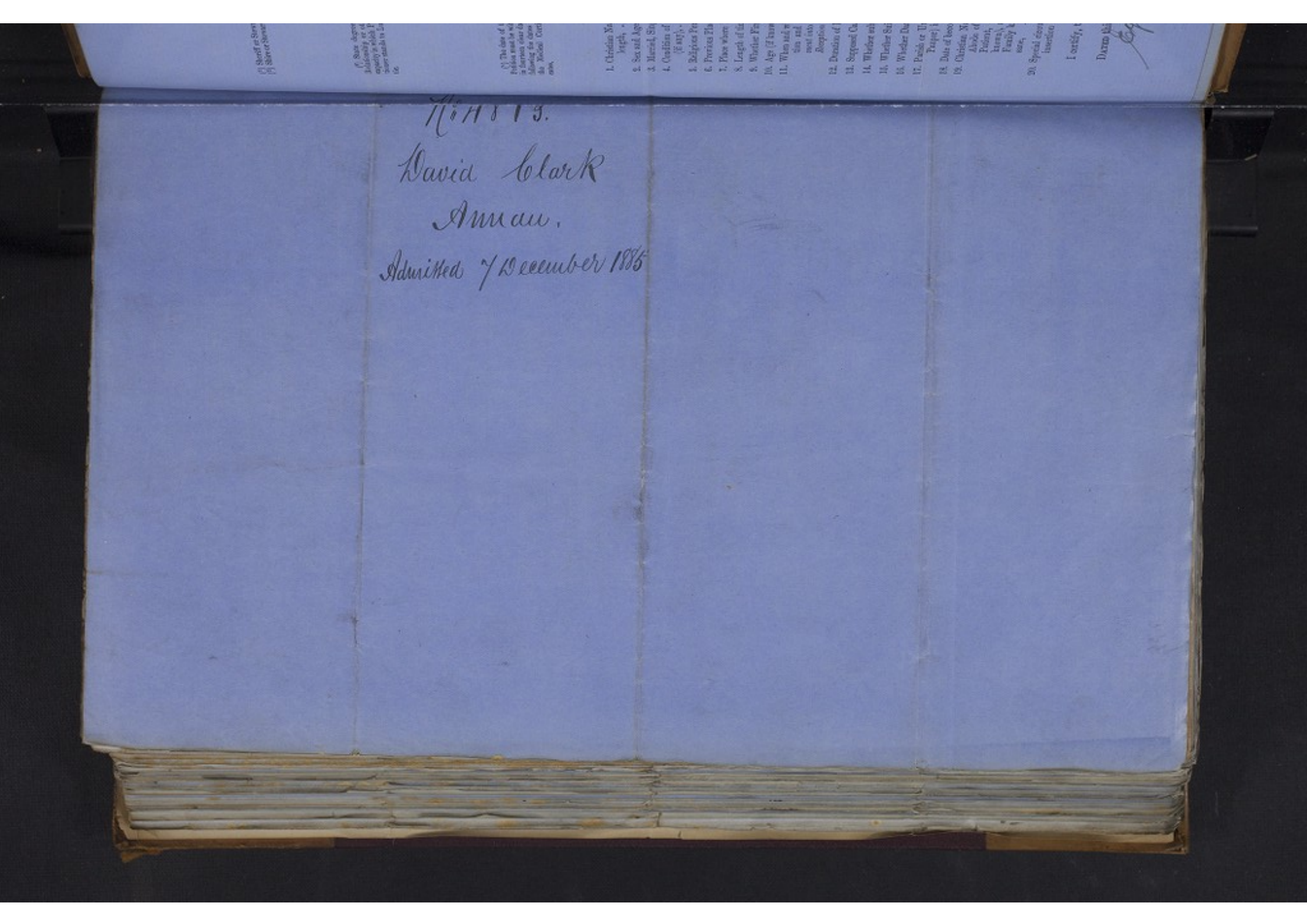
I, William Henry Shortt (1) Sheriff Substitute of of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Lawson Inspector of Poor, Annan, Certificates under the hands of Daniel Mackenzie, and Charles Cox, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) David Clark, Lochfield, Annan, (a pauper) and that the said David 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 David Clark, as a Patient into the (6) Public Asylum of Southern Counties, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David Clark, which accompanied the said Petition.

DATED this Eighth day of December, One thousand eight hundred and eighty five years.

W H Shortt

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.


1885.
David Clark
Annan.
Admitted 7 December 1885

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the (2)~~ Dumfries and Galloway, *and his Substitutes,*—

The Petition of Miles McInnes, Inspector of Poor, Dumfries,—

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Moran or Hanley—

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper, —

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Moran or Hanley to the Southern Counties Asylum and to sanction her admission into the said Asylum. Two words delete

(*To be signed by the Party applying*) Miles McInnes

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twelfth (4) day of December, One thousand eight hundred and Eighty Five years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Moran or Hanley
2. Sex and Age,	Female 30 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Bishop Close Dumfries
7. Place where Found and Examined,	Burgh Police Officer Dumfries
8. Length of time Insane,	Cannot tell
9. Whether First Attack,	No
10. Age (if known) on First Attack,	28 years
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Southern Counties Asylum in 1883
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,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries in the Meantime
18. Date of becoming Chargeable,	11th December 1885
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John and Susan Moran—father and mother, residing at Creetown Not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowlegde, the above particulars are correctly stated.

DATED this Eleventh day of December One thousand eight hundred and Eighty Five years.

(*To be signed by the Party applying*) Miles McInnes

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Joseph Garibaldi Marshall being a (1) Graduate of Medicine of the University of Glasgow Medical Practitioner and being in actual practice as a (2) do hereby certify, on soul and conscience, that I have this day, at (3) the Police office Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary St. Morrow or Hanley and that the said Mary St. Morrow or Hanley is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Patient states that she has had her fingers cut off and also her elbow and that this was done during the night by persons who were afraid of her influence over them

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Police Sergeant Gibson states that the above named called on him & has given to me a statement much the same as the above

Name and Medical Designation, J. Marshall M.B.

Place of Abode, Buccleuch St Dumfries

DATED this Eleventh day of December One thousand eight hundred and Eighty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Thomas Houghton Mitchell being a (1) Licentiate of the Royal College of Surgeons & Physicians of Edinburgh and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Police Office Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Moran or Hanley and that the said Mary Moran or Hanley 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 suffering from hallucinations both of hearing & vision & this that she hears voices speaking to her from below & sees people hovering round her at night. She is also suffering from delusions. She states that her fingers are cut off & that her elbow is cut another of which statements is true. She is at times incoherent in speech & is restless & maniacally excited.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, T. Houghton Mitchell M.B.

Place of Abode 14 Castle St. Dumfries

DATED this 11th day of December One thousand eight hundred and Eighty five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Joseph Gaubaldi Marshall, being (1) a physician and surgeon hereby certify, on soul and conscience, that I have this day, at (2) The Police office in the County of Dumfries, seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J G Marshall M.B.C.M.

DATED this Eleventh day of December One thousand eight hundred and Eighty five

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Esquire, Sheriff Substitute of the (2) County — of Dumfries, having had produced to me, with a Petition at the instance of (3) Miles McInnes, Inspector of Poor, Dumfries, Certificates under the hands of Joseph Gaubaldi Marshall, — and Thomas Houghton Mitchell —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Moran or Stanley Burgh Police Office, Dumfries (a pauper) and that the said Mary Moran or Stanley 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 Mary Moran or Stanley as a Patient into the (6) Public — Asylum of Southern Counties and I authorize her — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Moran or Stanley which accompanied the said Petition.

DATED this Twelfth — day of December, — One thousand eight hundred and eighty five years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Mary Moran or Hanley

Dumfries.

Admitted 11 December 1885

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Ayr *and his Substitutes.*

The Petition of Thomas McClelland Railway Clerk Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Elizabeth Boyd or McClelland your Petitioner's (3) Wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Boyd or McClelland to the Royal Institution Ballochmyle Prestwick and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) x Thos McLelland

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 12th (4) day of December One thousand eight hundred and eighty 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,	Elizabeth Boyd or McClelland
2. Sex and Age,	female 42 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Protestant
5. Religious Persuasion, so far as known,	Adlock Church Glasgow
6. Previous Place of Abode,	Kilmarnock
7. Place where Found and Examined,	three months
8. Length of time Insane,	First attack
9. Whether First Attack,	
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	
12. Duration of Existing Attack,	
13. Supposed Cause,	Religious
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowlegde, the above particulars are correctly stated.

DATED this 12 day of December One thousand eight hundred and eighty five

(To be signed by the Party applying) x Thos McLelland

P. P.

Mary Mclaren or Hawley Kaufprice.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Marshall M.D. being a (1) A Graduate of Glasgow University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 50 Dundonald Road Kilmarnock in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) Mrs Elizabeth Boyd or McClelland 50 Dundonald Road Kilmarnock and that the said Mrs Elizabeth Boyd or McClelland 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 she has led an inconsistent life for a professing Christian and that there is no prospect her hereafter. She is also suicidal.

(7) *State the information, and from whom derived.*

Husband

2. Other facts (if any) indicating Insanity communicated to me by others: (7) That she is quite altered in her conduct and behaviour and requires constant supervision.

Name and Medical Designation, Alexander Marshall M.D. &c.

Place of Abode, Burton Place Kilmarnock

DATED this 12th day of December One thousand eight hundred and eighty five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Borland M.D. being a (1) Graduate of the University of Glasgow and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Dundonald Road Kilmarnock in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) Mrs Elizabeth Boyd or McClelland Dundonald Road Kilmarnock and that the said Mrs Elizabeth Boyd or McClelland 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 imagines she is bringing a curse on her family, & is subject to delusion.

(7) *State the information, and from whom derived.*

Husband

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) That she has several times tried to commit suicide.

Name and Medical Designation, John Borland M.D.

Place of Abode 42 Bank Street Kilmarnock

DATED this 17th day of December One thousand eight hundred and Eighty five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Watt Sheriff Substitute
of the (2) County of Ayr ~~of~~
having had produced to me, with a Petition at the instance of (3) Thomas McClelland Railway Clerk Glasgow
Certificates under the hands of Alexander Marshall
and John Borland, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Boyd or McClelland and that ~~the said~~ She is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Boyd or McClelland as a Patient into the (6) Public Asylum of Crichton 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 Lunatic which accompanied the said Petition.

DATED this 17th day of December One thousand eight hundred and eighty five

John Watt

To the Superintendent of the (7)
Asylum of

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Mrs Elizabeth Boyd or
McClelland

Admitted 12 December
1885.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff —— *of the* (*) County of Dumfriesshire and his Substitute—

The Petition of Adam Semple Inspector of Poor, Kirkcowan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Mc Dirk ——

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (*) Pauper —— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isabella Mc Dirk —— to the Southern County asylum —— and to sanction her admission into the the said Asylum.

Adam Semple

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Sixteenth (*) day of December —— One thousand eight hundred and Eighty-five years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Isabella Mc Dirk
2. Sex and Age,	Female - 27 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,	Twynholm
7. Place where Found and Examined,	Dunraggan
8. Length of time Insane,	
9. Whether first Attack,	no
10. Age (if known) on first Attack,	23
11. When and where previously under Examination and Treatment,	Southern County Asylum
12. Duration of existing Attack,	about four weeks
13. Supposed Cause,	Drink
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Glencairn
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Jane Mc Dirk - Mother - no member of the family known to be insane
20. Special Circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Sixteenth day of December —— One thousand eight hundred and Eighty-five years

(*To be signed by Party applying*) Adam Semple

P. P

Mrs Elizabeth Boyd or Mc Clellan

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, J. H. Munn

being a (1) Graduate of the University of Glasgow

and being in actual practice as a (2) Physician & Surgeon

hereby certify, on soul and conscience, that I have this day, at (3) Monaive

in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella McTurk

and that the said Isabella McTurk 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) Want of Cont... Says her mind is unstable, and wishes ... head, and has a homicidal tendency. Has sudden bursts of fren...

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7).

Her Mother, tried to commit Suicide 2 nights ago, and on a moment ... put the fire out, and swears she will ...

Name and Medical Designation, J D H Munn MB

Place of Abode, Monaive

DATED this Fourteenth day of December One thousand eight hundred and eighty four

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John M. Robertson

being a (1) Bachelor of Medicine

and being in actual practice as a (2) Physician & Surgeon

hereby certify, on soul and conscience, that I have this day, at (3) Monaive

Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Isabella McTurk

and that the said Isabella McTurk is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Tired of her life. The remarks, Fits of irritability of temper in which she does not care what she does & which has a suicidal tendency

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

She attempted to commit suicide on Thursday night the 10th December 84. attack of irritability of temper in which she attempted to strike the Mother who gave this information

Name and Medical Designation, John Robertson

Place of Abode, Penpont

DATED this 15th day of December One thousand eight hundred and Eighty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Jervis Sheriff Honorary Sheriff-Substitute of the (1) County of Dumfries having had produced to me, with a Petition at the instance of (3) Adam Temple, Inspector of Poor, Glencairn, Certificates under the hands of J. P. K. Muir and John M 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) Isabella McTurk, Dunreggan Moniaive, a Pauper and that the said Isabella McTurk is a (5) insane person, a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Isabella McTurk 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 Isabella McTurk, which accompanied the said Petition.

DATED this Seventeenth day of December One thousand eight hundred and eighty five.

W H Sheriff

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 1016.

Isabella Mc Turk

Glencairn

Admitted 17 December 1885

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Stewartry of Kirkcudbright and his Substitutes,

The Petition of John Welsh

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Garrett your Petitioner's (3) Nephew who is friendless and without means of support at present available is at present in a state of Mental Derangement, and 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 Garrett to the Dumfries Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) John Welsh Inspector of Poor of Kelton

DATED this 18th (4) day of December One thousand eight hundred and eighty five

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Garrett
2. Sex and Age,	M. 70
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,	at service in different parishes
7. Place where Found and Examined,	Kelton - Castle Douglas
8. Length of time Insane,	a few days
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	—
12. Duration of Existing Attack,	—
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	not known
16. Whether Dangerous to others,	possibly
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kelton in meantime
18. Date of becoming Chargeable,	18 Dec 1885
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Garrett, nephew, King St Castle Douglas. not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 18th day of December One thousand eight hundred and eighty five years

(To be signed by the Party applying) John Welsh P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind."

I, the undersigned, Walter Lorraine
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) King St Castle Douglas Kirkcudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) John Garnett Pauper
and that the said John Garnett is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is under sexual delusions, as regards his drugs, the means of living - demanders about Indecent pictures

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Threatens him any hesitation violently and excitedly

Name and Medical Designation, Walter Lorraine

Place of Abode, Castle Douglas

DATED this 18th day of Dec One thousand eight hundred and 85.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Rinson
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) King St Castle Douglas Kirkcudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) John Garnett Pauper
and that the said John Garnett is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He talks at times in an excited manner and frequently in an incoherent manner failing to give a proper answer even to a simple question

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His niece says, he gets violent at times threatens to strike his nephew & wanders away at night staying out of doors & about so to bed

Name and Medical Designation, John Rinson M.B. C.M. Edin

Place of Abode Castle Douglas

DATED this 18th day of December One thousand eight hundred and eighty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Dickson, Esquire (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) John Welsh

Certificates under the hands of Walter Torrance
and John Nirrion, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Garrett (Pauper) and that the said John Garrett is a (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 Garrett as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Garrett which accompanied the said Petition.

DATED this sixteenth day of December One thousand eight hundred and eighty five

George Dickson

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No. 4817.

John Garrett.

Kelton - Castle Douglas

Admitted 18 December 1885

25 & 26 Vict., Cap. 54, Sect. 15.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Renfrew & Bute
and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) William Muir

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) wife, Ann Blair Wyllie or Muir is at present in a state of Mental Derangement, and 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 Blair Wyllie or Muir to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 24th (5) day of December One thousand eight hundred and Eighty-four

William Muir

STATEMENT.

If any 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 Blair Wyllie or Muir
2. Sex and age,	F. 62.
3. Married, Single, or Widowed,	Married
4. Condition of Life and previous Occupation (if any),	
5. Religious Persuasion, so far as known,	Protestant Baptist
6. Previous place of abode,	32 ~~Brisbane St~~ Greenock (and 32 Brisbane St)
7. Place where found and examined,	32 ~~Brisbane St~~ Greenock (and 32 Brisbane St)
8. Length of time Insane,	About a week
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and treatment,	
12. Duration of Existing Attack,	About a week
13. Supposed Cause,	Difficulties about servants
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Wm. Muir, her husband 32 Brisbane St, Greenock
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 24th day of Dec. One thousand eight hundred and eighty-four

(To be signed by the Party applying.) William Muir

Mrs. Ann Blair Wyllie or Muir
Wife of John Garnock
William Muir - Greenock Douglas

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Irvine
2. Character of Education,	Plain, ordinary education
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady & industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	None
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	Father died from Apoplexy Her only brother died from injury to h[illegible] in boyhood – Mother died in childb[illegible]
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	No
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	Nothing beyond what is stated in the first page
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Restlessness & a belief that everything was dirty about her
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	No
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Gradual development of the melancholy
13. What changes have taken place in his bodily symptoms?	None
14. Is he dirty, destructive, untidy, or obscene?	No
15. Has he threatened or attempted violence to himself? If so, in what way?	No
16. Has he threatened or attempted violence to others? If so, in what way?	No
17. How long has he been insane?	About a week

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned,

being (1)

hereby certify, on soul and conscience, that I have this day, at (2)

in the County of , seen and personally examined

, and that the said

person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

.....

DATED this day of One thousand eight hundred and

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE. No. I.

I, the undersigned, James Wallace being a (2) Grad. of Med. of the Univ. of Glasgow and being in actual practice as a (3) Physician & Surgeon hereby certify, on soul and conscience, that I have this day at (4) No. 32 Union St., Greenock in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (5) Ann Blair Wyllie or Muir, wife of Wm Muir and that the said Ann Blair Wyllie or Muir is a (6) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(2) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician or Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and number of the house (if any), or other like particulars.*
(5) *Insert Designation and Residence, and if a Pauper, state so.*
(6) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (1) Complete change in manner & conduct. She is in a state of constant despair imagines that everything is wrong. Can't be got to speak, take food or do as she is bidden.

(1) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (2) Her husband states that this change has been coming on gradually for the last week.

(2) *State the Information, and from whom derived.*

Name and Medical Designation, James Wallace, M.D.

Place of Abode, 32 Union St., Greenock.

DATED this twenty-fifth day of Dec., One thousand eight hundred and eighty-five.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, John Campbell Douglas being a (1) Lic. Roy. Coll. Surg. Edin. and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) 32 Brisbane Street Greenock in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Ann Blair Wyllie or Muir and that the said Ann Blair Wyllie or Muir is a (5) Person of unsound mind 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: (1) She is walking about. State the Facts.
Refuses to enter bedroom undressed: refuses to enter into conversation. After much coaxing she sat down with her hands holding her head, moaning & distressed. Then rising up she walks about in the same distressed state.

2. Other Facts (if any) indicating Insanity communicated to me by others: (2) Her husband states that she has been ill for a week. She is under the belief that the house is in a dirty untidy condition. Her underclothing she thought to be similar. How she is distressed that her husband's money is lost & that they are ruined. During the past week she has been very restless walking about the room. Does not sleep at night.

(2) *State the Information, and from whom derived.*

Name and Medical Designation, John C. Douglas M.B. CRCS Ed.

Place of Abode, 32 Union St Greenock

DATED this 24th day of Dec. One thousand eight hundred and eighty five.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, The Honorable Henry James Moncreiff Sheriff of the (2) Renfrew & Bute having had produced to me, with a Petition at the instance of (3) William Muir 32 Brisbane Street Greenock — Certificates under the hands of James Wallace and John G Douglas Greenock, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (*) Ann Blair Wyllie or Muir and that the said Ann Blair Wyllie 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 Ann Blair Wyllie or Muir as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ann Blair Wyllie or Muir which accompanied the said Petition.

(*) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this twenty fourth day of December One thousand eight hundred and eighty five.

H. J. Moncreiff

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 4818.

Name Mrs Ann Blair Wyllie or Muir

Date of Admission 25th November 1885.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

1. Christian Name ... length, .
2. Sex and Age,
3. Married, Single, ...
4. Condition of Life (if any), .
5. Religious Persuas...
6. Previous Place of ...
7. Place where Foun...
8. Length of time I...
9. Whether First A...
10. Age (if known) o...
11. When and where ... tion and Treat...
12. Duration of Exist...
13. Supposed Cause, ...
14. Whether subject ...
15. Whether Suicidal ...
16. Whether Dangero...
17. Parish or Union ... Purpose) is Ch...
18. Date of becoming ...
19. Christian Name ... Abode of nea... Patient, and ... known), and ... Family known ... sure, .
20. Special circumst... insertion of a...

I certify, that ...

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]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — ~~of the (2)~~ County of Dumfries Galloway and his Substitutes,—

The Petition of Jeanie Brown, Goodhope, Johnstone Lockerbie

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Brown your Petitioner's (3) ~~wife~~ 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 Brown — to the Crichton Institution and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

J. E. Brown

Dated this Twenty-ninth (4) day of January One thousand eight hundred and Eighty-five.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Brown.
2. Sex and Age,	Male. 39.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Clerk.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Goodhope, Johnstone Parish.
7. Place where Found and Examined,	Goodhope.
8. Length of time Insane,	Some days.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	39.
11. When and where previously under Examination and Treatment,	No place else.
12. Duration of Existing Attack,	Some days.
13. Supposed Cause,	Alcohol
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Brown, Goodhope Johnstone Lockerbie (wife). no.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 29th day of December, One thousand eight hundred and eighty-five.

J. E. Brown

(*To be signed by Party applying*)

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, being a (1) John Maxwell Davidson Bachelor of Medicine & Mas[illegible] of Surgery and being in actual practice as a (2) physician hereby certify, on soul and conscience, that I have this day, at (3) Goodhope in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Wm Brown and that the said Wm Brown 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)

Insane look.
Incoherent talk.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Thinking Cattle oseing in the Orbit near the house

Name and Medical Designation, John M. Davidson M.B. Ow

Place of Abode, ~~John~~ M Davidson Johnstone Bridge

DATED this 29th day of December One thousand eight hundred and eighty-five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William D'Ogly Grange being a (1) Doctor of medicine of 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) Good hope in the parish of Johnstone in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Brown, of Good hope and that the said William Brown 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) Restless wanders about house, thinks people have ill will at him, & that if he liked he could easily knock down all who ~~[illegible]~~ try to hold him.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Thinks he has been losing money & that he is killing adders &c.

Name and Medical Designation, Wm D'Ogly Grange M.B.

Place of Abode Moffat. Dumfriesshire

DATED this Twenty ninth day of December, One thousand eight hundred and eighty five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John M Davidson being (1) Bachelor of Medicine & Master of Surgery hereby certify, on soul and conscience, that I have this day, at (2) Goodhope in the County of Dumfries, seen and personally examined Wm Brown, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John M Davidson

DATED this 29th day of December One thousand eight hundred and eighty-five.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Horsier Shortt (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Jeanie Brown ~~Brown~~, Goodhope in the parish of Johnstone, Certificates under the hands of John M. Davidson, and William D'Oyly Grange, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Brown, Goodhope Johnstone ~~Johnstone~~ and that the said William Brown, 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 Brown, 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 Brown, which accompanied the said Petition.

DATED this Thirtieth day of December One thousand eight hundred and eighty five. One word deleted.

W H Shortt

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution. Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No. 4814

William Brown

Admitted 30th December 1885.

William Brown
admitted 30th January 1865.