Sheriff's Warrants

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od. 25 Aug 1888
no. 5292

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)

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that John Ernest Ringwood 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 John Ernest Ringwood to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

Frederic Howe Ringwood

(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,	John Ernest Ringwood
2. Sex and age,	Male. 37 years of age,
3. Married, Single, or Widowed,	single.
4. Condition of Life and previous Occupation (if any),	Graduate of Oxford. Assistant Clerk of England. Curate Dungannon & London
5. Religious Persuasion, so far as known.	Treated last in Adelaide. And was in Asylum in 1887.
6. Previous place of abode,	was thought partially insane 4 years before at Oxford, but Many thought he was not.
7. Place where found and examined,	In Bethlehem Royal Hospital
8. Length of time Insane,	about 3 or 4 months undecided
9. Whether First Attack,	I think provoked more or less by
10. Age (if known) on First Attack,	Stimulants.
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,	Frederic Howe Ringwood
18. Date of becoming Chargeable,	~~Ernest Ringwood~~
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Dungannon Co. Tyrone, Ireland where F. his father resides. No brother or Sister, neither father or Mother have been Insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this day of One thousand eight hundred and

(To be signed by the Party applying) F. H. Ringwood
C.K. L.L.D.

ADDITIONAL STATEMENT

For the Information of the Physician.

...bplace,	Dungannon. Co. Tyrone. Ireland.
...aracter of Education,	Has passed through Oxford University.
... the natural disposition cheerful or melancholy—reserved or frank,	Generally cheerful & frank.
Were the Patient's habits steady and industrious, or unsettled and intemperate?	Variable: Often very industrious. Intemperance the chief cause of Outbreaks. though not what is called a Drunkard.
... Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Yes. Once so as to be placed in Bethlehem R. H. He was there or in Country place under its control for a Years. He received a Certificate of Sanity. but was still peculiar
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 Mother died of Weakness in the Heart. No particular disease in the Family.
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	
Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	
What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Fancying himself a Poet & Play-writer &c. &c.
...ere 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.?	Unusually large appetite for Flesh
...at 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. as far as I ever heard.
15. Has he threatened or attempted violence to himself? If so, in what way?	No. as far as I ever heard
16. Has he threatened or attempted violence to others? If so, in what way?	No. Do.
17. How long has he been insane?	He has not been permanently insane for more than 3 or 4 Months. but he has been partly so for 2 or 3 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.

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

[FORM A]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 David Wallace Inspector of Poor Kirkcudbright

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Hugh Paxton an inmate of Rhins Poorhouse your Petitioner's (3) Servant

(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 Hugh Paxton to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(To be signed by the Party applying) David Wallace

(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 January One thousand eight hundred and eighty eight

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Hugh Paxton
2. Sex and Age,	male 41 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,	16 Mathieson St Glasgow
7. Place where Found and Examined,	Wigtownshire Poorhouse
8. Length of time Insane,	over 10 months
9. Whether First Attack,	no
10. Age (if known) on First Attack,	41 years
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Montrose Asylum 1884
12. Duration of Existing Attack,	10 months
13. Supposed Cause,	injury to head
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,	Kirkcudbright
18. Date of becoming Chargeable,	31st 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,	Unknown
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

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

To be signed by the Party applying) David Wallace

P. T.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Thomas Easton
being a (1) Doctor of medicine (Edin

and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Poorhouse
in the County of Stranraer Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) Hugh Paxton
and that
the said Hugh Paxton is a (5) Lunatic
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He is always in poorhouse lunatic ward & till a few days ago was harmless, but he is now unmanage[able] raving continually refusing food

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The attendant – Rob Troup – tells me he cannot control him.

Name and Medical Designation, Thomas Easton MD

Place of Abode, Stranraer

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

---

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Hugh Cochrane
being a (1) Licentiate of the Royal College of Physicians Edin. & a Licentiate of the Faculty of Physicians & Surgeons Glas.
and being in actual practice as a (2) general practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) the Combination Poorhouse, Stranraer
in the County of Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) Hugh Paxton a pauper & inmate of said Poorhouse
and that
the said Hugh Paxton is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, 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 excited appearance, that he has been poisoned and refused to take his food. Said that he must be sent to Weston by company Harper to have something done with his head.

(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 the House states Paxton says that the officials are trying to poison him with powder &c. and refused to be kept in bed &c

Name and Medical Designation, Hugh Cochrane MRCPS L.F.P.S.

Place of Abode Stranraer

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

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Hoaston
being (1) Doctor of Medicine (Edin)
hereby certify, on soul and conscience, that I have this day, at (2) Jourhouse Stranraer
in the County of Wigtown, seen and personally examined
Hugh Paxton, and that the said
person is of unsound mind, and 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 Sixth day of January One thousand eight hundred and Eighty eight

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

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

I, William McGibbon Lyons (1) Sheriff Substitute
of the (2) County of Wigtown of
having had produced to me, with a Petition at the instance of (3) David Wallace
Inspector of poor of the Parish of Kirkcolm
Certificates under the hands of Thomas Easton Doctor of Medicine
and Hugh Cochrane 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)
Hugh Paxton an inmate of the Athens Poor House and that the said
Hugh Paxton 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 Hugh Paxton as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize hus Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Hugh Paxton which accompanied the said Petition.

DATED this sixth day of January One thousand eight hundred and eighty eight

W. 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.

5100

Admission

Hugh Buxton

6 January 1888

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

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

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

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

(3) Insert Name and Designation.

The Petition of (3) Agnes Robertson, residing at Grange Knowe, Pollockshields near Glasgow, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that my husband John Robertson ~~your Petitioner's (4)~~

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

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Robertson to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

Agnes Robertson

(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 January, One thousand eight hundred and eighty eight.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	John Robertson
2. Sex and age,	65
3. Married, Single, or Widowed,	Married
4. Condition of Life and previous Occupation (if any),	Engineer Manager
5. Religious Persuasion, so far as known,	U. P.
6. Previous place of abode,	Glasgow
7. Place where found and examined,	do
8. Length of time Insane,	2 weeks
9. Whether First Attack,	second or third
10. Age (if known) on First Attack,	60
11. When and where previously under Examination and treatment,	Bridge of Man
12. Duration of Existing Attack,	2 weeks
13. Supposed Cause,	Business losses
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	doubtful
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Agnes Robertson, none above designed (wife)
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

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

DATED this seventh day of January One thousand eight hundred and eighty eight

(To be signed by the Party applying). Agnes Robertson

ADDITIONAL STATEMENT

For the Information of the Physician.

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Lamesbury Glasgow being (1) Fellow of the Faculty of Physicians & Surg hereby certify, on soul and conscience, that I have this day, at (2) Grange Road in the County of Renfrew, seen and personally examined John Robertson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Lamesbury M.D.

DATED this 7th day of January One thousand eight hundred and eighty eight

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

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, James Gray
being a (1) a Fellow of the R. of P. & G. M.D.
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day at (3) Grange Knowe
Pollockshields in the County of
Renfrew separately from any other Medical Practitioner,
visited and personally examined (4) John Robertson of
Grange Knowe Pollockshields and that
the said John Robertson is a (5) person
of Unsound Mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

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

1. Facts indicating Insanity observed by myself: (6)
His expression such entirely that he is a person of unsound mind, is very Dissipative of his wife and children, talks incoherently and has a desire to get out of this world

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
From his son Has attempted this life by means of a pen knife

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

Name and Medical Designation, James Gray M.D.

Place of Abode 13 Newton Terrace Glasgow

DATED this seventh day of January One thousand eight hundred and eighty eight

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Hunter Dryden
being a (1) Licentiate of the Royal College of Physicians & Surgeons of Edinburgh
and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) John Robertson of Grange Knowe, Pollockshields, near Glasgow and that
the said John Robertson is a (5) person of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

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

1. Facts indicating Insanity observed by myself: (6) He is dull & stupid, incoherent & rambling in speech. very confused in his ideas. He has no recollection of time & place, he hears voices speaking to him at night

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
By his attendant; he has had previous residence in the Crichton Institution.

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

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

Place of Abode 29 Castle St. Dfs

DATED this ninth day of January One thousand eight hundred and 88 years

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

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

I, David Boyle Hope, (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Mrs Agnes Robertson, Grange Knowe, Collochshield, Glasgow Certificates under the hands of James Gray 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 Robertson, Grange Knowe, Collochshield, Glasgow, Petitioners Husband, and that the said John Robertson, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Robertson as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Robertson which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

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

David Boyle Hope

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

No. 5101

Name, John Robertson

Date of Admission, 7 January 1888

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

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

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

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

(3) Insert Name and Designation.

The Petition of (3) Walter S. Jackson, 193 Falkner Street, Liverpool humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Charles Edwin Jackson, ——————

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

your Petitioner's (4) Father, ——————

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Charles Edwin Jackson, —— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

Walter S. Jackson.

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

DATED this 10th day of (5) January, One thousand eight hundred and eighty eight.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Charles Edwin Jackson
2. Sex and age,	Male 58.
3. Married, Single, or Widowed,	Widowed.
4. Condition of Life and previous Occupation (if any),	Formerly Coal Merchant.
5. Religious Persuasion, so far as known,	Baptist
6. Previous place of abode,	Liverpool. 193, Falkner Street.
7. Place where found and examined,	Warrington.
8. Length of time Insane,	More or less since 1885.
9. Whether First Attack,	56
10. Age (if known) on First Attack,	
11. When and where previously under Examination and treatment,	Voluntary Boarder at Cheadle March to August 1887; afterwards certified at Cheadle and then at Whittingham.
12. Duration of Existing Attack,	More or less since 1885.
13. Supposed Cause,	Former business worries, want of occupation, and occasional intemperance and remorse.
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,	Walter S. Jackson. 193, Falkner Street. Liverpool Son
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

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

(To be signed by the Party applying) Walter S. Jackson.

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace.	Stockport.
2. Character of Education.	Fairly educated.
3. Is the natural disposition cheerful or melancholy—reserved or frank.	Easily excited according to circumstances. Slightly reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Latterly without occupation. Occasio 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?	—
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 and mother old age; otho natural causes.
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Misfortune in business and l of occupation.
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.?	First melancholy, afterwards 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. Naturally somewhat costive.
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Quieter, more reasonable.
13. What changes have taken place in his bodily symptoms?	—
14. Is he dirty, destructive, untidy, or obscene?	The reverse, of all.
15. Has he threatened or attempted violence to himself? If so, in what way?	Vague talk of having attempted to smother himself.
16. Has he threatened or attempted violence to others? If so, in what way?	—
17. How long has he been insane?	More or less since 1885.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 & Member of Physicians Edr. hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries —, seen and personally examined Charles Edwin Jackson —, and that the said person is of unsound mind, and 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 10th day of January One thousand eight hundred and eighty eight 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 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) Railway Station, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Charles Edwin Jackson of 193 Falkner Street, Liverpool and that the said Charles Edwin Jackson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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 slightly confused & incoherent in speech. His recently recovering from an acute attack of insanity.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) *(7) State the Information, and from whom derived.*

His attendant informs me that he has been brought direct from the Lancaster County Asylum at Whittingham for change of air & treatment in the Crichton Royal Institution

Name and Medical Designation, J Hunter Dryden MCPSEd

Place of Abode, 29 Castle Street, D.C.

DATED this 10th day of January One thousand eight hundred and eighty eight years

MEDICAL CERTIFICATE.—No. II.

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) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Charles Edwin Jackson Retired Coal Merchant of 193 Falkner St Liverpool and that the said Charles Edwin Jackson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

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

1. Facts indicating Insanity observed by myself: (6) is excitable & is evidently improving from a more serious attack of 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.*

himself ~~[illegible]~~ says he has been in an asylum at Preston

Name and Medical Designation, A D MacDonald MCDx

Place of Abode, 18 Castle St Dumfries

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

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) Walter S. Jackson 193 Falkner Street Liverpool Certificates under the hands of James Hunter, Dryden, — and Alexander Dall MacDonald having two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Charles Edwin Jackson 193 Falkner Street, Liverpool (Petitioner's Father) and that the said Charles Edwin Jackson 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 Charles Edwin Jackson 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 January One thousand eight hundred and eighty eight.

David Boyle Hope

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

No. 5102

Name, Charles Edwin Jackson

Date of Admission, 10 January 1888

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

[FORM A]

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

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

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

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

The Petition of George Drysdale Instructor of Poor Whithorn

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Black 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 Black 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.

George Drysdale

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

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Jane Black
2. Sex and Age,	Female age 31
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Protestant
5. Religious Persuasion, so far as known,	Whithorn
6. Previous Place of Abode,	Whithorn
7. Place where Found and Examined,	~~since~~ 31st ~~December 1887.~~
8. Length of time Insane,	1st attack
9. Whether First Attack,	31
10. Age (if known) on First Attack,	Whithorn
11. When and where previously under Examination and Treatment,	since 31 December 1887
12. Duration of Existing Attack,	Cause unknown
13. Supposed Cause,	no
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	Whithorn
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	31st December 1887
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Black her husband no member of his family known to have been Insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

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

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

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, John Robert Dobie being a (1) Bachelor of Medicine & a Master of 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) Free Church Row, Whithorn in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Jane Black, a pauper and that the said Jane Black is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, 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 & irritable — sees imaginary things — thinks that all things are wrong about her house — walks about in an aimless way putting things — says her child does not belong to her — has a suspicious

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) John Mills a neighbour — says she screams at at the top of her voice — she has taken her home — she was going about nearly naked — swearing & use obscene language. He saw her once about to throw her child from her.

Name and Medical Designation, John Robert Dobie M.D.

Place of Abode Whithorn

DATED this thirtieth day of December One thousand eight hundred and eighty seven.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, John Charles Douglas being a (1) Doctor of Medicine of Glasgow University & Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Free Church Row, Whithorn in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Jane Black, pauper. F.C. Row Whithorn and that the said Jane Black is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 & excitable cries for no evident reason. cannot be got to do her ordinary household duties, runs out of the house nas & confesses she would kill her children if not preven

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Whannell, her neighbour says at times she seems perfectly well but in a moment gets excited & yesterday got hold of her child by the hair of the head was threatening to cut his throat.

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

Place of Abode St. Ninians, Whithorn

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

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, William Mackie Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) George Drysdale Inspector of Poor Whithorn
Certificates under the hands of John Robert Dobie M.B. & C.M. Whithorn
and John Charles Douglas M.B. Whithorn, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Jane Black, a pauper and that the said
Jane Black is a (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 Black as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Black which accompanied the said Petition.

DATED this ninth day of January One thousand eight hundred and eighty eight

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.

5103

Jane Blacke

admitted 11 Jan 1888

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

[FORM A]

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

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

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

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

The Petition of Andrew Wallace Inspector Govan Combn Glasgow

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Gibson or King 74 Parliamentary Road Glasgow your Petitioner's (3) 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 Mary Gibson or King to the Crichton Royal Institution Dumfries and to sanction her admission into the said Asylum.

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

(To be signed by the Party applying) Andr Wallace

(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 January One thousand eight hundred and eighty eight years

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Mary Gibson or King
2. Sex and Age,	Female 52 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	74 Parliamentary Road Glasgow
7. Place where Found and Examined,	D D
8. Length of time Insane,	One week
9. Whether First Attack,	First
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	—
12. Duration of Existing Attack,	One week.
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Unknown
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Govan Combination Glasgow
18. Date of becoming Chargeable,	13th January 1888
19. Christian Name and Surname, and Place of Abode of nearest known 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 King (Daughter) 74 Parliamentary Road Glasgow
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

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

To be signed by the Party applying) Andr 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, John Bruce M.D.
being a (1) M.D. Lon. Univ. &c.

and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 79 Parliamentary Road, Hanson, in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Mary Gibson or King, 79 Parliamentary Road, Hanson - a Pauper and that the said Mary Gibson or King is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Is very nervous & excited, will not answer questions, Is singing hymns, & pointing her fingers to Heaven,

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Daughter says She has been in this state for several days, Is sometimes very excited, shouting & singing & annoying the neighbours, is very dirty & slovenly

Name and Medical Designation, John Bruce, M.D.

Place of Abode, 9 Royal Exchange Crescent,

DATED this Twelfth day of January One thousand eight hundred and Eighty Eight years

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MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, John V. Wallace
being a (1) L.R.C.S. Edin

and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 79 Parliamentary Road, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Mary Gibson or King, 79 Parliamentary Road, Glasgow - a pauper and that the said Mary Gibson or King is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 nervous and excited, singing and gesticulating in a very insane manner; has an insane look, and is labouring under religious mania, as she every now and then gives utterance to very extravagant religious language.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her daughter says she has been in this condition for some time; that she is dangerous and unmanageable

Name and Medical Designation, John V. Wallace L.R.C.S. Ed.

Place of Abode 47 Calder St, Govanhill, Glasgow

DATED this Twelfth day of January One thousand eight hundred and Eighty-eight 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 Barrie
being (1) MD Glasgow University &c.
hereby certify, on soul and conscience, that I have this day, at (2) 79 Parliamentary R.
in the County of Lanark, seen and personally examined Mary Gibson or King, and that the said Glasgow
person is of unsound mind, and 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 Barrie, MD

DATED this twelfth day of January One thousand eight hundred and Eighty Eight 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 Davidson Balfour (3) Sheriff Substitute
of the (2) County of Lanark
having had produced to me, with a Petition at the instance of (3) Andrew Wallace, Inspector of Poor, Govan Combination, Glasgow
Certificates under the hands of John Barrie
and John V. 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) Mary Gibson or King, 79 Parliamentary Rd. Glasgow a pauper and that the said Mary Gibson or King is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Gibson or King as a Patient into the (6) Chrichton 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 Gibson or King which accompanied the said Petition.

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

D D Balfour

To the Superintendent of the (7) Chrichton 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.

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Mary Gibson or King

admitted 13 Jan 1888

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

[FORM A]

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

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

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

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

The Petition of John Welsh, Insp: of Poor of Kelton, Castle Douglas, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Arnall ——

(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 Arnall —— to the Southern Counties Asylum, and to sanction her admission into the said Asylum.

(To be signed by the Party applying) John Welsh

(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 eight 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 Arnall
2. Sex and Age,	F. 48 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,	Rhonehouse, Parish of Kelton
7. Place where Found and Examined,	"
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 [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	—
12. Duration of Existing Attack,	a day or two
13. Supposed Cause,	not certain
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	a little
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kelton
18. Date of becoming Chargeable,	15th Jany 1888
19. Christian Name and Surname, and Place of Abode of nearest known 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 Craig, son, Back King St. 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 18th day of January — One thousand eight hundred and eighty-eight years.

(To be signed by the Party applying) John Welsh P. p. Inspector of Poor of Kelton Castle Douglas

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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) Rhonehouse
in the County of Kirkcudbright
separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Hornell Pauper
and that the said Elizabeth Hornell is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 an attack of Mania talking incessantly & confusedly

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Those about her say that she cannot be left for she runs out naked - clothing has been done so two or three times.

Name and Medical Designation, Walter Lorraine M.D.
Place of Abode Castle Douglas

Dated this 17th day of January One thousand eight hundred and 88.

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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 Mc Kean
being a (1) Graduate of Glasgow University
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Rhonehouse
in the County of Kirkcudbright
separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Hornell Pauper
and that the said Elizabeth Hornell is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 raving in bed, talking incoherently about anything imaginable her body in a perpetual state of motion

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her attendants state that she gets quite outrageous at times & sleeps neither night nor day.

Name and Medical Designation, Alex. Mc Kean M.B.C.M.
Place of Abode Castle-Douglas

Dated this 17th day of January One thousand eight hundred and 88.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and 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 (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Welsh Inspector of Poor, Retton, Castle-Douglas, Certificates under the hands of Walter Lorraine and Alexander McKean, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Hornall Rhonehouse Retton (a Pauper) and that the said Elizabeth Hornall is a (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 Hornall 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 Hornall, which accompanied the said Petition.

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

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.

Elizabeth Normals

Kellow

Admitted 18 Janry. '88

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

[FORM A]

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

PETITION TO 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) Shire of Lanark and his Substitutes,—

The Petition of Andrew Wallace Inspector of Poor Govan Combination Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Brown or McLachlan 2 Park Terrace Govan 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 Brown or McLachlan to the Dumfries and Galloway Royal Institution Southern Counties Asylum and to sanction her admission into the said Asylum.

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

(To be signed by the Party applying) And.r Wallace

(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 January One thousand eight hundred and eighty Eight 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 Brown or McLachlan
2. Sex and Age,	Female. 41 Years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Domestic
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	2 Park Terrace Govan
7. Place where Found and Examined,	2 Park Terrace Govan
8. Length of time Insane,	Unknown
9. Whether First Attack,	Yes as far as Known
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	—
12. Duration of Existing Attack,	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,	Govan Combination
18. Date of becoming Chargeable,	18 January 1888
19. Christian Name and Surname, and Place of Abode of nearest known 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 John McLachlan Clerk residing at 2 Park Terrace Govan, Husband John McLachlan died in Govan Asylum 18 July 1849.
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 Eighteenth day of January One thousand eight hundred and eighty Eight Years.

To be signed by the Party applying) And.r 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, James Barrow
being a (1) Doctor of Medicine of Saint Andrews
University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) No 5 Park
Terrace, Langlands Road, Govan in the County of
Lanark separately from any other Medical Practitioner,
visited and personally examined (4) Jane Brown or Mc Lachlan
Pauper 2 Park Terrace, Langlands Road, Govan and that
the said Jane Brown 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Excitable and delusive. Says I have no right in her house and that her two sons are rascals and that I am to drown them and that they are not worth keeping. Says her Son John is insane.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her Son John states that she has been delusive for a considerable time, is very troublesome and unmanageable and that they are afraid to live in the house.

Name and Medical Designation, James Barrow M.D.

Place of Abode, Govan

DATED this 17th day of January One thousand eight hundred and eighty seven years

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Robert Davis Taylor
being a (1) M.B. 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) 2 Park Terrace
Langlands Road, Govan in the County of
Lanark separately from any other Medical Practitioner,
visited and personally examined (4) Jane Brown or Mc Lachlan, Pauper
2 Park Terrace Langlands Road, Govan and that
the said Jane Brown 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Very excited delusive, fancies she is Queen of England, ordered the children out of house as robbers and poisoners.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her Son John states that she has been delusive for 12 months is daily becoming worse & is quite unmanagable at home

Name and Medical Designation, Robert Davis Taylor M

Place of Abode 7 Cecil Place Partick R^d Go

DATED this 17th day of January One thousand eight hundred and eighty eight 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 Davidson Balfour (1) Sheriff Substitute
of the (2) County of Lanark
having had produced to me, with a Petition at the instance of (3) Andrew Wallace, Inspector of Poor, Govan Combination, Glasgow
Certificates under the hands of James Bannds
and Robert Paine Taylor, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Brown or McLachlan, 7 Park Terrace, Govan a pauper and that the said Jane Brown or McLachlan is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Brown or McLachlan as a Patient into the (6) Crichton Institution ~~Asylum of~~ Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Brown or McLachlan which accompanied the said Petition.

DATED this eighteenth day of January One thousand eight hundred and eighty-eight

D Davidson

To the Superintendent of the (7) Crichton Royal Institution for Southern Counties
Asylum of Dumfries

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

Jane Brown or McLachlan

Govan

Admitted 18 January '88

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

[Form A]

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

PETITION TO THE SHERIFF TO 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 William Wilson

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Sell Wilson

your Petitioner's (3) Son

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Sell Wilson to the Eudelon 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.

(*To be signed by the Party applying*) William Wilson

Dated this 18 (4) day of January One thousand eight hundred and eighty ~~seven~~ eight

(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 Shakespear Mills Wilson
2. Sex and Age,	Male age 23
3. Married, Single, or Widowed,	
4. Condition of Life, and previous Occupation (if any),	Student
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	7 Temple Villas. Palmerston Park Dublin
7. Place where Found and Examined,	Kilmarnock
8. Length of time Insane,	Three weeks
9. Whether First Attack,	yes
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*],	
12. Duration of Existing Attack,	Sea above.
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Shewed no such tendency until last night
16. Whether Dangerous to others,	Somewhat
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	William Wilson 7 Temple Villas
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Palmerston Park Dublin
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 18 day of January One thousand eight hundred and eighty eight

(*To be signed by the 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, Alexander Marshall 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) Winton Place Kilmarnock Ayr in the County of separately from any other Medical Practitioner, visited and personally examined (4) Shakespeare W. Wilson and that the said Shakespeare W. Wilson is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) That he has delusion of hearing that he is restless and incoherent and has suicidal tendencies

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

Father

2. Other facts (if any) indicating Insanity communicated to me by others: (7) That he is quite changed in his habits and is dangerous to himself and others

Name and Medical Designation, Alexander Marshall M.D. &c

Place of Abode, Winton Place Kilmarnock

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

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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 C. McVail being a (1) Graduate in Medicine of the University of St Andrews and being in actual practice as a (2) General practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Winton Place Kilmarnock Ayr in the County of separately from any other Medical Practitioner, visited and personally examined (4) Shakespeare W. Wilson and that the said Shakespeare W. Wilson is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Believes he is mesmerised, is dull and morose.

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

Father

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

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

Place of Abode Kilmarnock

DATED this eighteenth day of January One thousand eight hundred and eighty eight 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 Hall, Esquire (1) Sheriff Substitute
of the (2) County of Ayr
having had produced to me, with a Petition at the instance of (3) William Wilson,
7 Temple Villas, Palmerston Park, Dublin
Certificates under the hands of Alexander Marshall, M.D. Kilmarnock
and John C. McCall, M.D. Kilmarnock, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Shakspeare Mills Wilson ——— and that the said
William Shakspeare Mills Wilson is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Shakspeare Mills Wilson as a Patient into the (6) Crichton Royal 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 Shakspeare Mills Wilson which accompanied the said Petition.

DATED this Eighteenth day of January One thousand eight hundred and eighty eight

David Hall

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

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

William L. M. Wilson

Admitted 18 Jaury. 1888.

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~~ Dumfries & Galloway

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of Alexander Peddie Goodall W.S. Edinburgh William Park, Dronoch Lodge, Dalbeattie, and John Kerr, Writer, Albion Chambers, 19 Hanover Street, Edinburgh

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Emma de Walden Park, presently residing at Mayfield near Dumfries, a deputy under the Trust Disposition and Settlement of the said deceased John Park

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

~~Your Petitioners~~ is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Emma de Walden Park to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

A Alexander Goodall } a majority and quorum of said
John Kerr. } Trustees

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

DATED this ~~twenty~~ first (5) day of January One thousand eight hundred and ~~Eighty~~ Eight.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Emma de Walden Park.
2. Sex and age,	Female. About forty seven.
3. Married, Single, or Widowed,	Single.
4. Condition of Life and previous Occupation (if any),	Gentlewoman.
5. Religious Persuasion, so far as known,	Episcopalian.
6. Previous place of abode,	Duncow, near Dumfries.
7. Place where found and examined,	—
8. Length of time Insane,	Very boarding on uncertainties previous to her being first certified.
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	About forty
11. When and where previously under Examination and treatment,	Dr A. H. Rogers, Esdaile House, Peckham Rye, Asst. Chief Peckham London Roxburgh & District asylum at Melrose and Bendle Royal asylum.
12. Duration of Existing Attack,	Since 1880 more or less.
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not a pauper
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known 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. She claims to be an adopted child of the late John Park. She is a deputy under his Trust Disposition Settlement. The trustees are named & designed above. William Park & may be expected to be present at signing his Trusteeship
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

We certify that, to the best of our knowledge, the above particulars are correctly stated.

DATED this ~~twenty~~ first day of January — One thousand eight hundred and Eighty Eight

(To be signed by the Party applying) A Alexander Goodall
John Kerr.

William & Wm. Wilson

ADDITIONAL STATEMENT

For the Information of the Physicians.

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, James Hunter Dryden
being (1) Physician & Surgeon, L.R.C.P. Ed.
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries
in the County of Dumfries, seen and personally examined
Miss Emma de Waldon Park, and that the said
person is of unsound mind, and 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

Dated this 21st day of January One thousand eight hundred and 89 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 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) Miss Emma de Walden Park, Gentlewoman, Crichton Royal Institution — and that the said Miss Emma de Walden Park — is a (5) person of unsound mind — 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 maniacal appearance in the countenance. She is rambling and incoherent in her talk and states that sometimes she gets confused and scarcely knows what she is doing.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Dr Rutherford informs me that she has been residing at the Crichton Institution (Maryfield) for some months as a voluntary patient and that yesterday she went to a Bazaar in Dumfries and was accused of stealing a hand bag containing money. &c

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

Name and Medical Designation, Hugh Cunningham

Place of Abode, 25 Castle Street, Dumfries

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

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Hunter Dryden — being a (1) Licentiate of the Royal College of Physicians and Surgeons of Edinburgh, — and being in actual practice as a (2) general practitioner — hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, Dumfries — in the County of Dumfries — separately from any other Medical Practitioner, visited and personally examined (4) Miss Emma de Walden Park Gentlewoman, and that the said Miss Emma de Walden Park — is a (5) person of unsound mind — 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 appearance, and demeanour are indicative of insanity. She is very suspicious of those near her, is irritable, restless, and frequently incoherent.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) By Miss Mitchell, Matron — She has been in Maryfield) (Crichton Roy. Instit) for several months as a voluntary patient

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

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

Place of Abode, 26 Castle St Dy

DATED this 21st day of Jany One thousand eight hundred and 88 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 Pedy Waddell, W. S. Edinburgh, William Park, Dykemouth, Kilbride & John Freer, Writer, Melrose, Trustees as their Certificates under the hands of Hugh Cunningham and James Hunter Dryden, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Emma de Walden Park, Maryfield, Dumfries, Petitioners, and that the said Emma de Walden Park, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Emma de Walden Park, 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 Emma de Walden 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 January, One thousand eight hundred and eighty eight.

David Boyle Hope

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

No. 5108

Name, Emma de Walden Park

Date of Admission, 21 January 1888

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

[Form A]

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

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

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

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

The Petition of John Welsh, Inspector of Poor of Kelton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Walker Stevenson 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 Walker Stevenson 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 Welsh

Dated this 20th (4) day of January One thousand eight hundred and eighty eight 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,	Walker Stevenson
2. Sex and Age,	Male. about 50
3. Married, Single, or Widowed,	
4. Condition of Life, and previous Occupation (if any),	Farm Labourer, prior Carpenter
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kirkcudbright
7. Place where Found and Examined,	Greenlane, parish of Kelton
8. Length of time Insane,	a few days
9. Whether First Attack,	No
10. Age (if known) on First Attack,	about 44.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Sent by Kirkcudbright to Dumfries Asylum about 6 years ago & was init. 15 mos. was my inmate on a previous occasion for 3 months.
12. Duration of Existing Attack,	a few days
13. Supposed Cause,	Jealousy & ill temper
14. Whether subject to Epilepsy,	not Known
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Wife states he was to her.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kelton meantime; but probably Kirkcudbright eventually
18. Date of becoming Chargeable,	19th January 1888
19. Christian Name and Surname, and Place of Abode of nearest known 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 Thomson, wife, Greenlane, parish of Kelton. Not certain
20. Special circumstances (if any) preventing the 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 January One thousand eight hundred and eighty eight

(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) Greenlane Kelton Parish in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Walker Stevenson Pauper and that the said Walker Stevenson, 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) He has delusions respecting his wife and on other subjects He talks rather incoherently ~~[illegible]~~ relapsing into a recital of his delusions - He thinks his wife subject to he appears to mean some attractive influence of an electric

(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 is abusive to her wandering about talking of telephonic influence - He neither works or to get it but is content to live in the most miserable con Neighbours corroborate this

Name and Medical Designation, Walter Lorraine MD Ed

Place of Abode, Castle Douglas

DATED this 20th day of January One thousand eight hundred and 88

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Alexander McKean being a (1) Graduate of Glasgow University and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Greenlane in the Parish of Kelton in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Walker Stevenson Pauper and that the said Walker Stevenson 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) He is very excitable & restless. When speaking wanders from one subject to another & believes his wife to be the victim of some unnatural disease

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His neighbours state that he shows extreme jealousy towards his wife following her everywhere & attempts to make no provision either for himself or children

Name and Medical Designation, Alex McKean M.B.C.M.

Place of Abode Castle Douglas

DATED this 20th day of January One thousand eight hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Alexander McKean, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Walter Stevenson, a Pauper, and that the said Walter Stevenson is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Walter Stevenson 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 Walter Stevenson which accompanied the said Petition.

DATED this Twentieth day of January One thousand eight hundred and eighty eight

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.

Walker Stevenson

Kelton

Admitted 21 January 1888

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

(3) Insert Name and Designation.

The Petition of (3) Janet Armstrong, Hannah Farm, Cummertrees,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Isabella Irving or Armstrong, Hannah Farm, Cummertrees,

(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 Isabella Irving or Armstrong Hannah Farm Cummertrees to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Janet Armstrong

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

DATED this twenty first (5) day of January — One thousand eight hundred and eighty eight 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 Irving or Armstrong
2. Sex and age,	Female, 70yrs (circa).
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,	Hannah Farm, Cummertrees.
7. Place where found and examined,	found at Hannah Farm, Cummertrees.
8. Length of time Insane,	several months
9. Whether First Attack,	no.
10. Age (if known) on First Attack,	unknown.
11. When and where previously under Examination and treatment,	Crichton Royal Institution Dumfries.
12. Duration of Existing Attack,	a few months.
13. Supposed Cause,	unknown.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	Yes, doubtful.
16. Whether Dangerous to others,	—
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Janet Armstrong Hannah Farm Cummertrees (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 twenty first day of January One thousand eight hundred and eighty eight years.

(To be signed by the Party applying) Janet Armstrong

ADDITIONAL STATEMENT

For the Information of the Physician.

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Hugh Cunningham, _____
being (1) Licentiate of the Royal College of Physicians in Edinburgh—
hereby certify, on soul and conscience, that I have this day, at (2) 25 Castle Stat. Dumfries,
in the County of Dumfries, _____, seen and personally examined
Isabella Irving or Armstrong, _____, and that the said
person is of unsound mind, and 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.

DATED this twentyfirst day of January One thousand eight hundred and eighty eight 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 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) Isabella Irving or Armstrong, Widow, Housewife, Hannah Farm, Cummertrees and that the said Isabella Irving or Armstrong is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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 appearance indicates mental disorder, she is very restless and talks nonsense.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her daughter informs me that she is restless and sleepless

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

Name and Medical Designation, Hugh Cunningham M.B. L.R.C.P.E.

Place of Abode, 25 Castle Street, Dumfries

DATED this twenty first day of January, One thousand eight hundred and eighty eight 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) Medical 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) Isabella Irving or Armstrong Hannah farm Cummertrees and that the said Isabella Irving or Armstrong is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

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

1. Facts indicating Insanity observed by myself: (6) looks and speaks in a very unnatural way, has the delusion that eldest son is drowned in his mind - says she wishes she were dead and confuses having tried to kill herself - has great fears about her family and herself without cause - has been in the Crichton twice before this time

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Dr Black tells me she sleeps sometimes for half a day. also that she sleeps well but has the delusion she doesn't sleep at all

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

Name and Medical Designation, R B Lorraine MB CM

Place of Abode, 16 Castle St Dumfries

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

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) Janet Armstrong Hannah Farm, Cummertrees, Certificates under the hands of Hugh Cunningham 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) Isabella Irving or Armstrong, Potso Mother and that the said Isabella Irving or Armstrong, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Isabella Irving or Armstrong 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 third day of January One thousand eight hundred and eighty eight.

David Boyle Hope

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

No. 5110

Name, Isabella Irving or Armstrong

Date of Admission, 21 January 1888

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

[FORM A]

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

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

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

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

The Petition of John Lowden Inspector of Poor, Urr,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Allan,

(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 Allan, to the Southern Counties Asylum, and to sanction her admission into the said Asylum.

John Lowden Inspector

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

DATED this 21st (4) day of January, One thousand eight hundred and 88.

STATEMENT.

If any 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 Hamilton or Allan.
2. Sex and Age,	Female about 40 yrs.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Protestant
5. Religious Persuasion, so far as known,	—
6. Previous Place of Abode,	Springholm
7. Place where Found and Examined,	Seven days
8. Length of time Insane,	no
9. Whether First Attack,	—
10. Age (if known) on First Attack,	Crichton Royal Institution
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	—
13. Supposed Cause,	no
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	Urr
16. Whether Dangerous to others,	20th January 1888
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Bernard Allan husband Springholm Kirkpatrick Durham
18. Date of becoming Chargeable,	The above is the only information that can be got.
19. Christian Name and Surname, and Place of Abode of nearest known 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 21st day of January, One thousand eight hundred and 88.

John Lowden Insp^r.

(*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, John Paterson Lewis MB
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) Springfield
in the parish of Ur in the County of
Kirkcudbright separately from any Medical Practitioner,
visited and personally examined (4) Elizabeth Allan wife of a hawker,
residing at Springfield parish of Ur and that
the said Elizabeth 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. :—

(6) *State the facts.*

1. Facts indicating Insanity ~~observed by myself~~: (6) Communicated to me by
Mrs Rachel Cowan, Mrs Wm Rogers and agree Mrs Malcolm
me they had to watch her all night that she was very noisy
dragged the furniture about, – tore up all her clothes & light
threw out of window, fronted by standing up the chimney &
Observed by myself;

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

2. ~~Other~~ facts (~~if any~~) indicating Insanity ~~communicated to me by others~~: (7)
Very excitable insane expression of face, – talks in a very rational
or sensible manner, does not know the day of month or what month
it is, – says she is made up of iron bone and acetic steel, – knows no
great disorder, floor besprinkled by wet rags.

Name and Medical Designation, John Paterson Lewis MB

Place of Abode, Dalbeattie,

DATED this Twentieth day of January, One thousand eight hundred and Eighty eight,

---

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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 Maygat
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General Practitioning
hereby certify, on soul and conscience, that I have this day, at (3) Springfield
Kirkcudbright in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Allan and that
the said Mrs Allan is a (5) Person
Insane and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Destroying every
thing she can come at & cannot be restra

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Imagines her husband is jealous. Gets ex
cited

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

Place of Abode Kirkpatrick Durham

DATED this Twentieth day of January – One thousand eight
hundred and eighty eight. –

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Stope — (1) Sheriff-Substitute
of the (2) County of Dumfries —
having had produced to me, with a Petition at the instance of (3) John Lowden, Inspector of Poor, Urr, Dalbeattie —
Certificates under the hands of John Paterson Lewis —
and John Meggat —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Allan, Springholm, Urr (a Pauper) and that the said Mrs Elizabeth Allan is a (5) person of unsound mind a Person Insane
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mrs Elizabeth Allan 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 Elizabeth Allan, which accompanied the said Petition.

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

David Boyle Stope

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

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

Elizabeth Hamilton or
Allan,
Wife.
Admitted 21 January 1888

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

[FORM A]

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

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

(1) Sheriff or Steward.
(2) 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 William Young, 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 Young to the Southern Counties Asylum and to sanction his admission into the said Asylum. Two words delete.

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

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

(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 Jany One thousand eight hundred and Eighty Eight 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 Young.
2. Sex and Age,	Male. 48 years
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	Clogger
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Grangers Close
7. Place where Found and Examined,	Burgh Police Office, Dumfries.
8. Length of time Insane,	Not known.
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	48
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	No where
12. Duration of Existing Attack,	—
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	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,	24th Jany 1888.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Hannah Johnston or Young mother residing at Ashyards Gate Eaglesfield.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	No. None

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

DATED this 24th day of January, One thousand eight hundred and Eighty Eight Years.

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

P. p.

Elizabeth Hamilton or

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 Mackay &c being a (1) Bachelor in Medicine + Master in Surgery of the University of Aberdeen and being in actual practice as a (2) Physician + Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Dumfries Burgh Police Office Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) William Young. a pauper and that the said Wm Young is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has general insane appearance. Talks most incoherently says he has written Mr. Reid M.P. concerning his business affairs + has tried to obtain an interview with Sir Robert Jardine, Sheriff Depute etc

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Police state that he wanders about the streets + molests various people.

Name and Medical Designation, J. Mackay &c M.B.C

Place of Abode, 14 Castle St. Dumfries

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

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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 Ingestall being a (1) Graduate of the faculty of Physicians & Surgeons of Glasgow and Licentiate of the College of Physicians Edinburgh and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Young and that the said William Young is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently has delusions as to property & business matters & person to the purpose of obtaining possession of which he has written Mr Reid M.P. & has attempted personal violence on the way here

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) the Keeper told me that he never ceases talking in the direction as above

Name and Medical Designation, W. Ingestall M.B.

Place of Abode 27 Buccleuch St Dumfries

DATED this 26 day of January One thousand eight hundred and eighty eight

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Mackenzie being (1) A Master in Surgery & Bachelor in Medicine of Aber. Univ. hereby certify, on soul and conscience, that I have this day, at (2) Dumfries Burgh Police Office in the County of Dumfries, seen and personally examined William Young, 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. Mackenzie.

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

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

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

I, David Boyle Hope, (1) Sheriff-Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Miles M'Innes, Inspector of Poor, Dumfries, Certificates under the hands of John Mackenzie, and William Marshall, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Young, Cadger, Grangers Close, Dumfries, and that the said William Young 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 Young 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 Young, which accompanied the said Petition.

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

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 Young
Dumfries
14 January 1888

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) Mrs Elizabeth Alcock Grubb, presently residing at Oaudown Villa, Greystone, Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Alexander Alcock Grubb, Corn Merchant, Clonmel,

(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 Alexander Alcock Grubb to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

Elizabeth Alcock Grubb

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

DATED this twenty fifth (5) day of January One thousand eight hundred and eighty eight.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Alexander Alcock Grubb.
2. Sex and age,	Male, 32½ years
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Corn Merchant
5. Religious Persuasion, so far as known,	Church of Ireland
6. Previous place of abode,	Quay House, Clonmel,
7. Place where found and examined,	Railway Station, Dumfries,
8. Length of time Insane,	Three Months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	32 years
11. When and where previously under Examination and treatment,	
12. Duration of Existing Attack,	Three 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,	Samuel Thomas Grubb (a patient in the Crichton Royal Institution) is nearest relative - the father - of the said Alexander Alcock Grubb.
20. Special circumstances (if any) preventing the 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 January One thousand eight hundred and eighty Eight

(To be signed by the Party applying) Elizabeth Alcock Grubb

ADDITIONAL STATEMENT

For the Information of the Physician.

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, James Hunter Dryden
being (1) L.R.C.P. & S.Edin.
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries
in the County of Dumfries, seen and personally examined
Alexander Alcock Grubbe, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

James Hunter Dryden L.R.C.P.

DATED this 23 day of January One thousand eight
hundred and 88

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

MEDICAL CERTIFICATE—No. I.

I, the undersigned, Fred H. Clarke being a (1) Graduate in Medicine & Master in Surgery of Glasgow University and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day at (3) The Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Alexander Alcock Grubbe Gentleman, of Clonmel, Ireland and that the said Alexander Alcock Grubbe is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

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

1. Facts indicating Insanity observed by myself: (6)
(1) He is determined to commit suicide as evidenced by the wounds in his throat which render it impossible to ask him to speak

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Dr Rutherford informs me that he came to the Institution in a state of mental depression, and desiring to be admitted as a voluntary patient

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

Name and Medical Designation, Fred H. Clarke

Place of Abode, 29 Castle Street Dumfries

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

MEDICAL CERTIFICATE—No. II.

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the College of Physicians of Edinburgh and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) Railway Station, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Alexander Alcock Grubbe of Clonmel, Ireland and that the said Alexander A. Grubbe is a (5) person of unsound mind 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 and melancholic. He is full of delusions, and suspicious that his friends are drugging him. He says he is wholly under the power of the devil

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
By his mother, His conduct has completely changed lately.

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

Name and Medical Designation, James Hunter Dryden Licentiate

Place of Abode, 26 Castle Street D

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

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

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

I, David Boyle Hope — (1) Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Mrs Elizabeth Alcock Grubbe Sandown Villa Greystone Dumfries Certificates under the hands of Frederick A. Clarke, — and James Hunter Dryden —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Alexander Alcock Grubbe, born Merchant Clonmel, Ireland Petitioner's son) and that the said Alexander Alcock Grubbe, is a (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 Alcock Grubbe 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 Alexander Alcock Grubbe which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

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

David Boyle Hope

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

Date of Admission

Name

No.

MEDICAL CERTIFICATE.—No. I.

, the undersigned,
ing a (1)

d being in actual practice as a (2)
reby certify, on soul and conscience, that I have this day at (3)
in the County of
separately from any other Medical Practitioner,
isited and personally examined (4)
and that
e said is a (5)
and a proper person to be detained
nder Care and Treatment, and that I have formed this opinion upon the following
rounds, viz. :—

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

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

Name and Medical Designation, ...

Place of Abode, ...

DATED this day of One thousand eight
undred and

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

MEDICAL CERTIFICATE.—No. II.

[, the undersigned,
eing a (1)

nd being in actual practice as a (2)
ereby certify, on soul and conscience, that I have this day, at (3)
in the County of
separately from any other Medical Practitioner,
isited and personally examined (4)
and that
he said is a (5)
and a proper Person to be detained
nder Care and Treatment, and that I have formed this opinion upon the following
rounds, viz. :—

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

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

Name and Medical Designation, ...

Place of Abode, ...

DATED this day of One thousand eight
undred and

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

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

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

I, (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)

(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 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.

No. 5113.

Name, Alexander Rose Ruthe

Date of Admission, 9th January 1888

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

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

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

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

(3) Insert Name and Designation.

The Petition of (3) James Blair, Mariner, Glencaple, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Mrs Janet Finlay or Blair, Glencaple, 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 Mrs Janet Finlay or Blair, 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 Blair

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

DATED this twenty seventh (5) day of January, — One thousand eight hundred and eighty eight.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Janet Finlay or Blair.
2. Sex and age,	Female aged 60.
3. Married, Single, or Widowed,	married.
4. Condition of Life and previous Occupation (if any),	good no previous occupation.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous place of abode,	Glencaple.
7. Place where found and examined,	Glencaple.
8. Length of time Insane,	2 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,	2 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 her Family known to be or to have been Insane,	John Blair. 49 Toxteth St, Toxteth Park, Liverpool. Patient's husband. 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 seventh day of January — One thousand eight hundred and eighty eight.

(To be signed by the Party applying) + James Blair

ADDITIONAL STATEMENT

For the Information of the Physician.

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Richard B. Lorraine
being (1) a graduate of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) Glencaple
in the County of Dumfries, seen and personally examined
Janet Finlay or Blair, and that the said
person is of unsound mind, and 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 B Lorraine M.B.C.M.

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

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

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Richard B. Lorraine MBCM 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) Glencaple in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Finlay or Blair and that the said Janet Finlay or Blair is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

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

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

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

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

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

(6) *State the Facts.*

1. Facts indicating Insanity observed by myself: (6) Is very restless and excitable - seems annoyed about her maintenance - fancying she has ruined her son for life - says she is not insane although she walks about and talks incessantly when left alone.

(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 does not sleep but gets up during night and walks about. She has the delusion that the next house neighbours will make her pay their rent because she has disturbed them with her waking a noise.

Name and Medical Designation, Richard B. Lorraine MBCM

Place of Abode, 16 Castle St. Dumfries

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

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MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Alexander Duncan Macdonald being a (1) Graduate of Edinburgh University

and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Finlay or Blair Glencaple Cottage and that the said Janet Finlay or Blair is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

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

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

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

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

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

(6) *State the Facts.*

1. Facts indicating Insanity observed by myself: (6) Is very excitable & restless; uses bad language & says she cannot help it - Says her enemies do it In some great way she must have annoyed

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Black says she is careless & has an insane propensity for annoying people & confronting them.

Name and Medical Designation, A. D. Macdonald MD

Place of Abode, Crichton Royal Dumfries

DATED this 26th day of January One thousand eight hundred and eighty eight.

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 Blair Marmer, Glencaple, Dumfries Certificates under the hands of Richard B. Lorraine and Alexander Dall Macdonald, bring two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Finlay or Blair Glencaple Dumfries Pitts Mrs and that the said Mrs Janet Finlay or Blair is a (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 Finlay or Blair 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 Finlay or Blair 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 seven th day of January One thousand eight hundred and eighty eight

David Boyle Hope

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

Name, ...

Date of Admission, ...

No. .....

MEDICAL CERTIFICATE.—No. I.

I, the undersigned,
being a (1)

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

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

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

Name and Medical Designation, ...

Place of Abode, ...

DATED this day of One thousand eight hundred and

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

MEDICAL CERTIFICATE.—No. II.

I, the undersigned,
being a (1)

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

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

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

Name and Medical Designation, ...

Place of Abode, ...

DATED this day of One thousand eight hundred and

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

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 (4) and that the said

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

is a (5)

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE 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.

No. 5114

Name, Wm Sauch Finlay or Blair

Date of Admission, 25 January 1888.

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

[FORM A]

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

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

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

Unto the Honourable the (1) Sheriff of the (2) Shire of Lanark.

and his Substitutes.

The Petition of Andrew Wallace, Inspector of Poor Govan Combn Glasgow

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Frances McDougall or Pirie 128 Hospital St S.S. Glasgow 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 Frances McDougall or Pirie 128 Hospital St Glasgow 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) And. Wallace

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

DATED this Twenty fourth (*) day of January One thousand eight hundred and eighty eight 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,	Frances McDougall or Pirie
2. Sex and Age,	Female. Age 61 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,	128 Hospital St P.P. Glasgow
7. Place where Found and Examined,	Do. Do.
8. Length of time Insane,	about One Month
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 One month
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,	Govan Combination meantime
18. Date of becoming Chargeable,	25th January 1888
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	John Pirie. (Husband) 128 Hospital St 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 Twenty fourth day of January One thousand eight hundred and eighty eight years

To be signed by the Party applying) And. 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, John Banie
being a (1) M.D. Glasgow University &c.
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 128 Hospital Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Frances McDougall or Sime 128 Hospital St Glasgow – a Pauper and that the said Frances McDougall Sime is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, 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 dull & Melancholy has delusions, imagines her Husband has another wife that she is to be tried for theft &c. says she cannot nor eat, & sometimes hears voices during the night,

(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 has been in this state for a a month, cannot sleep but wanders about all night has threatened to commit suicide, and on one occasion attacked him with a knife.

Name and Medical Designation, John Banie M.D.

Place of Abode, 3 Royal Crescent Crophill

DATED this Twenty third day of January One thousand eight hundred and Eighty Eight 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 V. Wallace
being a (1) L. R. C. S. E.
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 128 Hospital Street Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Frances McDougall or Sime 128 Hospital Street Glasgow – a pauper and that the said Frances McDougall or Sime is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is dull and melancholy, cannot sleep or eat, and has a continual dread upon her. Fancies that her husband is not her, and has delusions about her own body.

(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 has been in this condition since the beginning of the year, that she cannot sleep, but gets up and walks about in a state of dread. Is much excited at times, and has threatened to commit suicide

Name and Medical Designation, John V. Wallace L.R.C.S.E.

Place of Abode 47 Calder Street Govanhill

DATED this Twenty-third day of January One thousand eight hundred and Eighty-eight 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 V. Wallace
being (1) L. R. C. & E.
hereby certify, on soul and conscience, that I have this day, at (2) 128 Hospital St. Glasgow
in the County of Lanark, seen and personally examined
Frances Mc Dougall or Sime, 128 Hospital St., and that the said
person is of unsound mind, and 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 V. Wallace, L. R. C. S. E.

DATED this 23rd day of January One thousand eight hundred and Eighty-eight 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 McKie Lees (3) Sheriff Substitute
of the (4) County — of Lanark —
having had produced to me, with a Petition at the instance of (5) Andrew Wallace, Inspector of Poor, Govan Combination.
Certificates under the hands of John Barrie —
and John V. 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 (6) Frances Mc Dougall or Sime 128 Hospital St. G. Glasgow Married and that the said Frances Mc Dougall or Sime 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 Frances Mc Dougall or Sime as a Patient into the (8) 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 Frances Mc Dougall or Sime which accompanied the said Petition.

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

J. McLees

To the Superintendent of the (9) Southern Counties
Asylum at Dumfries.

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

Frances McDougall or Lime

Govan Ombination

25 January 1888

121.

34 & 35 Victoria, Cap. 55, Sec. 6.

PETITION to the Sheriff to grant order for the reception of James Kemp a Prisoner in H.M. Prison Maxwelltown into the District Asylum at Dumfries

UNTO the Honourable the Sheriff of the County of Dumfries and his Substitutes.

The PETITION of Alexander Thomson Governor of H.M. Prison Maxwelltown as representing the Prison Commissioners for Scotland, incorporated under the Prisons (Scotland) Act, 1877, administrators of said Prison.

Humbly Sheweth,

35 Vict. cap. 55, Sec. 6.

That by Section 6 of the Criminal and Dangerous Lunatics (Scotland) Amendment Act, 1871, it is provided that "When in relation to any person confined in a "local prison in terms of the 'Prisons (Scotland) Administration Act, 1860,' it is "certified, on soul and conscience, by two medical persons that they have visited and "examined such prisoner, and that in their opinion he is insane, it shall be lawful "for the Sheriff, on summary application at the instance of the administrators of "such Prison, by a warrant under his hand, to order such prisoner to be removed to a "lunatic asylum," and that it appears from the appended Medical Certificates by two Medical Persons that James Kemp presently confined in H.M. Prison Maxwelltown is insane.

May it therefore please your Lordship by a Warrant under your hand to order the said James Kemp to be removed from H.M. Prison Maxwelltown to the District Lunatic Asylum at Dumfries and to sanction his admission into the said Asylum.

A. Thomson

Governor H.M. Prison.

Dated this twenty fifth day of January Eighteen Hundred and Eighty Eight.

M. & G.—100—3/84.

H.M. Prison Maxwelltown
25th January 1888.

Dear Sir,

The Officer who presents this has been entrusted with the removal of Insane Prisoner Jas. Kemp, from the above named Prison, to the Southern Counties Asylum, in terms of Sheriff's Warrant, also forwarded herewith.

Kemp is under a sentence of 20 days imprisonment, and his sentence expires on the 8th proximo.

I am
Sir.
Your most obedient Servant
A. Thomson
Governor

James Rutherford Esq.
Medical Superintendent
Southern Counties Asylum
Dumfries

(1) Set forth the qualification entitling the person certifying to grant the Certificate, *e.g.*, being a member of the Royal College of Physicians of Edinburgh.

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

I, the undersigned[1] Alexander Bell MacDonald
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 H.M. Prison Maxwelltown
in the County of Kirkcudbright visited and personally
examined James Kemp,
presently a prisoner in the said Prison, and that, in my opinion, the said
James Kemp
is insane.

(3) Name and Medical designation.

(Signed)[3] A. B. MacDonald M.B.

Dated this Twenty third day of January One Thousand
Eight Hundred and Eighty eight.

(1) Set forth the qualification entitling the person certifying to grant the Certificate, *e.g.*, being a member of the Royal College of Physicians of Edinburgh.

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

I, the undersigned[1] Richard B. Lorraine a
graduate of Edinburgh University and being in actual Practice
as a[2] Medical Practitioner, do hereby certify, on soul
and conscience, that I have this day, at H.M. Prison Maxwelltown
in the County of Kirkcudbright visited and personally
examined James Kemp,
presently a prisoner in the said Prison, and that, in my opinion, the said
James Kemp.
is insane.

(3) Name and Medical designation.

(Signed)[3] Richard B. Lorraine, M.B.C.M. Edin.

Dated this twenty third day of January One Thousand
Eight Hundred and Eighty eight.

Dumfries

4.

Dumfries, 25th January 1888. The Sheriff Substitute, having considered the foregoing Petition and accompanying Medical Certificates, grants warrant for the removal of the Prisoner James Scott from the Prison of Maxwelltown to the District Asylum for Lunatics at Dumfries as craved, in terms of the 6th Section of "The Criminal and Dangerous Lunatics (Scotland) Act, 1

David Boyle Stobie

James Kerr
from H.M. Prison Maxwelltown
admitted 25th January 1888

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

[FORM A]

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

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

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

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

The Petition of Andrew Wallace Inspector of Poor Govan Combination Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Ann McDonald or Young 114 Eaglesham St Govan is your Petitioner's (3) Pauper.

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

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Ann McDonald or Young to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(To be signed by the Party applying) Andrew Wallace

(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 January. One thousand eight hundred and eighty Eight 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 Ann McDonald or Young
2. Sex and Age,	Female aged 21 Years
3. Married, Single, or Widowed,	Single or Separated
4. Condition of Life, and previous Occupation (if any),	Restaurant Waitress
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	114 Eaglesham St Govan
7. Place where Found and Examined,	114 Eaglesham St Govan.
8. Length of time Insane,	About three weeks.
9. Whether First Attack,	Yes as far as Known.
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	—
12. Duration of Existing Attack,	About three weeks.
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,	Govan Combination meantime
18. Date of becoming Chargeable,	30th January 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Frances Smith or McDonald. 114 Eaglesham St Govan none so far as Known.
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 Thirteenth day of January. One thousand eight hundred and eighty Eight Years.

To be signed by the Party applying) Andrew 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, James Barras
being a (1) Doctor of Medicine of Saint Andrews
University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 114 Eaglesham
Street Plantation Govan
in the County of
Lanark
separately from any other Medical Practitioner,
visited and personally examined (4) Jane Ann McDonald or Young
Pauper, 114 Eaglesham Street Plantation, Govan and that
the said Jane Ann McDonald or Young is a (5) Person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Melancholic
and unhappy looking. When spoken to
does not answer and seems to be in diff
about herself and child

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her Mother states that she is restless
and sleepless and threatens to take the life
of the child supposed by her mother to be
illegitimate.

Name and Medical Designation, James Barras M

Place of Abode, Govan

DATED this 29th day of January One thousand eight hundred and eighty eight 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 Davie Taylor
being a (1) M.A. 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) 114 Eaglesham
Plantation, Govan
Lanark
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Jane Ann McDonald or Young
pauper, 114 Eaglesham St Plantation, Govan and that
the said Jane Ann McDonald or Young is a (5) prisoner
unsound mind and a proper person to be detained
under Care and Treatment, 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 in b
dressed, sitting up, has a frightened lo
about her, is very melancholy. Refus
to answer questions.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her Mother states that she has been in
melancholy state for some time, th
she threatened to "knife" her child.

Name and Medical Designation, Robert Davie Taylor M

Place of Abode 7 Cecil Place, Paisley Rd - Gov

DATED this 29th day of January One thousand eight hundred and eighty eight 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 Guthrie (1) Sheriff Substitute
of the (2) County of Lanark
having had produced to me, with a Petition at the instance of (3) Andrew Wallace, Inspector of Poor Govan Combination
Certificates under the hands of James Barnes
and Robert David Taylor, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane ann McDonald or Young, 114 Eaglesham St. Govan, Pauper, and that the said Jane ann McDonald 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 Jane ann McDonald or Young as a Patient into the (6) 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 Jane ann McDonald or Young which accompanied the said Petition.

DATED this thirtieth day of January One thousand eight hundred and eighty eight

W. Guthrie

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

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

Jane Ann McDonald or
Young,
Govan.
Admitted 30th January 1888

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) Charles Bradford Wardale Clerk in Holy Orders Vicar of Bowes

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Alice Ethel Wardale

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

your Petitioner's (4) daughter ~~Alice Ethel Wardale~~ is at present in a state of Mental Derangement, and 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 Ethel Wardale to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

C B Wardale

(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 January One thousand eight hundred and eighty eight

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Alice Ethel Wardale
2. Sex and age,	female. 21 on the 4th Sept. 1887
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	daughter of a Clergyman of the Church of England
5. Religious Persuasion, so far as known,	Church of England
6. Previous place of abode,	Bowes Vicarage Darlington
7. Place where found and examined,	~~Examined by Dr~~ Dumfries
8. Length of time Insane,	1 year and 5 months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	19 years
11. When and where previously under Examination and treatment,	August 21st 1886 to 10th Jan 1888 at Denodale nr Darlington
12. Duration of Existing Attack,	1 year and 5 months
13. Supposed Cause,	Family troubles
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Bradford Wardale Clerk in Holy Orders Bowes Vicarage Darlington 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 31st day of Jan.y One thousand eight hundred and eighty eight

(To be signed by the Party applying) C B Wardale

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace. — Blackdown Broadwindsor Beaminster. Dorset
2. Character of Education. — Fairly educated as a Clergyman's daughter
3. Is the natural disposition cheerful or melancholy—reserved or frank? — Gentle and amiable disposition but rather reserved perhaps on account of limited diagnosis.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? — Steady and industrious very domesticated
5. Has the Patient been insane before? If so, how often? How was she affected? How long? Where was he treated? — No.
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? — Mother's brother died at the Asylum Lancaster Body eaten
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, brother and 2 sisters alive.
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? — Only cause known family troubles
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? — not known
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? — 1st Hysterical symptoms 2nd mania with 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.? — Yes want of appetite and sleeplessness loss of flesh constipation derangement of female health
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? — Has gradually sunk into a confirmed condition
13. What changes have taken place in her bodily symptoms? — Female health and other bodily functions restored
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? — No
17. How long has she been insane? — One year and 8 months

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, J Hunter Dryden, being (1) Licentiate of Royal College of Physicians, Edinr. hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined alice Ethel Wardale, and that the said person is of unsound mind, and 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 31st day of January One thousand eight hundred and 88 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 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) Dumfries Railway Station in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Miss Alice Ethel Wardell of Bonus Vicarage, Darlington and that the said Alice Ethel Wardell is a (5) person of unsound mind 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 and general demeanour are indicative of insanity. She cannot keep up an intelligent conversation. She frequently giggles laughs without any apparent cause

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) By her father - She has been weak minded for the last 8 months.

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

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

Place of Abode, 26 Castle Street, Dfs

DATED this 31st day of January One thousand eight hundred and 88 years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Hugh Cunningham being a (1) Licentiate of the Royal College of Physicians in Edinburgh, and of the Faculty of Physicians and Surgeons Glasgow 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) Miss Alice Ethel Wardale, Bonus Vicarage, Darlington and that the said Alice Ethel Wardale is a (5) person of unsound mind 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 very depressed and talks in a rambling manner.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Lady Superintendent informs that she is laughing at one time and crying at another.

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

Name and Medical Designation, Hugh Cunningham M.D. M.R.C.P.

Place of Abode 25 Castle Street Dumfries

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

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

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

I, (1)

of the (2)

having had produced to me, with a Petition at the instance of (3)

Certificates under the hands of

and , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) and that the said

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

is a (5)

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE 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.

DAYED this day of One thousand eight hundred and

.....

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

No. 5118.

Name, Alice Ethel Wardale

Date of Admission, 31 January 1888

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

[FORM A]

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

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

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

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

The Petition of Andrew Wallace Inspector of Poor Govan combination humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Hamilton or Keaney or Gillespie 7 Carlton Place Glasgow your Petitioner's (3) pauper.

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

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Hamilton or Keaney or Gillespie to the Gaulton Royal Institution Dumfries and to sanction her admission into the said Asylum.

(*To be signed by the Party applying*) Andr. 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 February One thousand eight hundred and eighty eight 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 Hamilton or Keaney or Gillespie
2. Sex and Age,	Female Aged 47 Years
3. Married, Single, or Widowed,	Separated
4. Condition of Life, and previous Occupation (if any),	Hawker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	14 Oxford Lane Glasgow
7. Place where Found and Examined,	7 Carlton Place Glasgow
8. Length of time Insane,	A few days.
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	47 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
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,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Govan combination meantime
18. Date of becoming Chargeable,	2nd February 1888
19. Christian Name and Surname, and Place of Abode of nearest known 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 Keamy residing at 14 Oxford Lane Glasgow.—Son. 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 Second day of February One thousand eight hundred and eighty eight years

(*To be signed by the Party applying*) Andr. 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, John Barrie
being a (1) MD Glasgow University &c,

and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 7 Carlton Place Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Hamilton, or Heaney, or Gillespie 7 Carlton Place, Glasgow — a Pauper and that the said Eliz Hamilton or Heaney or Gillespie is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, 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 nervous, excited, in[illegible] & has delusions, imagines people open her letters & ab[illegible] money sent her from Australia, is constantly [illegible] by spies &c. cannot sleep or rest.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Was brought by the Police, being found insa[illegible] by the Police Surgeon.

Name and Medical Designation, John Barrie, MD

Place of Abode, 3 Royal Crn Crophill,

DATED this Second day of February One thousand eight hundred and Eighty Eight 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 V. Wallace
being a (1) L. R. C. S. Edin

and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 7 Carlton Place. Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Hamilton or Heaney or Gillespie 7 Carlton Place. Glasgow and that the said Elizabeth Hamilton or Heaney or Gillespie is (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 incoherent in speech. Has delusions about money which she believes has been sent from her son in Australia: that her letters have been opened and the money abstracted. that detectives and spies have been watching her &c

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Was brought here this morning from the Southern Police Office, where she was pronounced insane by the Police Surgeon

Name and Medical Designation, John V. Wallace, L.R.C.S.E.

Place of Abode 47 Calder St. Govanhill

DATED this Second day of February One thousand eight hundred and Eighty-eight 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 V. Wallace
being (1) L.R.C.S.E.
hereby certify, on soul and conscience, that I have this day, at (2) 7 Carlton Place Glasgow
in the County of Lanark, seen and personally examined
Elizabeth Hamilton or Heaney or Gillespie, and that the said
person is of unsound mind, and 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 V. Wallace, L.R.C.S.E.

DATED this Second day of February One thousand eight hundred and Eighty-eight 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 Davidson Balfour (1) Sheriff Substitute
of the (2) County of Lanark
having had produced to me with a Petition at the instance of (3) Glasgow Parish
Inspector of Poor Govan Combination
Certificates under the hands of John Harris
and John V. 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)
Elizabeth Hamilton or Heaney or Gillespie, 7 Carlton Place Glasgow Parish
and that the said Elizabeth Hamilton or Heaney or Gillespie is a (5) person of unsound mind
and a proper Person to be detained and taken care of, I HEREBY AUTHORIZE you to receive the said Elizabeth Hamilton or Heaney or Gillespie as a Patient into the (6) Crichton Royal Institution 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 Elizabeth Hamilton or Heaney or Gillespie which accompanied the said Petition.

DATED this Third day of February One thousand eight hundred and eighty eight

D D Balfour

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

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

No. 8779.

Elizabeth Hamilton or Heaney or Gillespie

Govan Combination

Admitted 2 February 1888.

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 Bradford Wardale, Clerk in Holy Orders, Rector Vicarage, Darlington
humbly sheweth that it appears from the subjoined Statement and accompanying Medical
Certificates that Alice Ethel Wardale
your Petitioner's (4) daughter
is at present in a state of Mental Derangement, and a proper person for treatment in an
Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Alice Ethel Wardale 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.

C. B. Wardale

(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 February One thousand eight hundred and eighty eight.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Alice Ethel Wardale.
2. Sex and age,	Female - 21 on the 4th Sept. 1884.
3. Married, Single, or Widowed,	Single.
4. Condition of Life and previous Occupation (if any),	Daughter of a Clergyman of the Church of England.
5. Religious Persuasion, so far as known,	Church of England.
6. Previous place of abode,	Bowes Vicarage, Darlington.
7. Place where found and examined,	Dumfries
8. Length of time Insane,	1 year & 8 months.
9. Whether First Attack,	yes.
10. Age (if known) on First Attack,	19 years.
11. When and where previously under Examination and treatment,	August 21st 1886, the 10th Janv. 1888 at Dinsdale near Darlington.
12. Duration of Existing Attack,	1 year & 8 months.
13. Supposed Cause,	Family troubles.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Bradford Wardale, Clerk in Holy Orders, Bowes Vicarage, Darlington, 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 Third day of February One thousand eight hundred and Eighty Eight years.

(To be signed by the Party applying) C. B. Wardale

ADDITIONAL STATEMENT

For the Information of the Physician.

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, James Hunter Dryden, being (1) Licentiate of the Royal College of Physicians Edin. hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined Miss Alice Ethel Wardale, and that the said person is of unsound mind, and 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. H. Dryden M.D.

DATED this 3rd day of February One thousand eight hundred and 88 years

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

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal College of Physicians and Surgeons of Edinburgh and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day at (3) 26 Castle Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) miss alice Ethel Wardale of Bowes Vicarage, Darlington and that the said alice Ethel Wardale is a (5) person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

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

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

(6) *State the Facts.*

Her facial expression and demeanour are indicative of insanity. She talks incoherently and cannot engage in intelligent conversation. She laughs and cries alternately without apparent cause.

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

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

By her father — She has been weak minded for the last 18 months

Name and Medical Designation, James Hunter Dryden Medical

Place of Abode, 26 Castle Street Dfs

DATED this 3rd day of Febry One thousand eight hundred and 88 years

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Hugh Cunningham being a (1) Licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons Glasgow 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) Miss Alice Ethel Wardale, Bowes Vicarage, Darlington and that the said Alice Ethel Wardale is a (5) person of unsound mind 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 expression indicates mental disorder. She is very dejected, and forgets what she is talking about.

(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.*

Dora Morgan informs me that she laughs and cries alternately.

Name and Medical Designation, Hugh Cunningham M.B. L.R.C.P.

Place of Abode, 25 Castle Street Dumfries

DATED this third day of February One thousand eight hundred and eighty eight 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) Charles Bruce Wardale, clerk in Holy Orders, Bowes Vicarage, Darlington 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) Ethel Wardale, Bowes Vicarage, Darlington, and that the said Alice Ethel Wardale, is a (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 Ethel Wardale, 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 Alice Ethel Wardale 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 February One thousand eight hundred and eighty eight.

David Boyle Hope

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

No. 5120.

Name, Alice Ethel Wardale.

Date of Admission, 3 February 1888

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

[FORM A]

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

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

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

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

The Petition of Neils Mc Innes, Inspector of Poor, Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Johnston Gordon, — your Petitioner's (3) Pauper, or person without means 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 Thomas Johnston Gordon, — to the Southern Counties Asylum, and to sanction his admission into the said Asylum. Two words delete

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

(*To be signed by the Party applying*) Neils Mc Innes

(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 February One thousand eight hundred and Eighty Eight 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 Johnston Gordon,
2. Sex and Age,	male — 74 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Basket maker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	100 High St. Dumfries
7. Place where Found and Examined,	Burgh Police office Dumfries
8. Length of time Insane,	Considerable time
9. Whether First Attack,	Not known
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*],	S. C. Asylum on some [illegible] previous occasions
12. Duration of Existing Attack,	Considerable time
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	3rd July 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Mc Kinnel, Wife residing 100 High 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 Third day of February One thousand eight hundred and Eighty Eight years.

(*To be signed by the Party applying*) Neils 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 Jones M.
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
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) Thomas Johnstone Gordon & Co Pauper and that the said Thomas Johnstone Gordon is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently, has delusions as to property, seems to consider he is kept home by wife, but wife treats him as a guest but is in fear, says Coltness iron Co. Mem. Master all his Estates & title

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) the superintendent of Workhouse informed me that he was Confined to the house being dangerous to others

Name and Medical Designation, } William Marshall M.D. & C.M.

Place of Abode, Burghpatrick St Dumfries

DATED this 3 day of February One thousand eight hundred and eighty eight years

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, John Mackenzie
being a (1) Bachelor in Medicine Master in Surgery of the University of Aberdeen
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Dumfries Burgh Police office Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas Johnstone Gordon a Pauper and that the said Thomas Johnstone Gordon is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently says he has carried on a system of robbery of late; that he has been kept money by his father-in-law his second wife & child amounting to £500 of which he has got possession of £300 says he has been robbed by the late Mr Jas Hyslop of Carlaverock &c.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) am informed that he has been detained in the Asylum on several occasions; that he is very outrageous at times &c.

Name and Medical Designation, } John Mackenzie M.B.

Place of Abode 14 Castle St Dumfries

DATED this 3rd day of Feby. One thousand eight hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 John Mackenzie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Johnston Gordon, Basket Maker, Dumfries, Pauper, and that the said Thomas Johnston Gordon 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 Thomas Johnston Gordon 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 Johnston Gordon, which accompanied the said Petition.

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

David Boyle Hope

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

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

Thomas Johnstone Gordon

Dumfries

Admitted 3 February 1888

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

[FORM A]

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

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

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

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

The Petition of Andrew Wallace Inspector of Poor Govan Combination

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sneoline Jacobson, 14H Crookston St Glasgow

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

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

(To be signed by the Party applying) And.r Wallace

(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 February One thousand eight hundred and Eighty Eight 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,	Sneoline Jacobson
2. Sex and Age,	Female 30 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,	14H Crookston Street Glasgow
7. Place where Found and Examined,	14H " "
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,	A few days
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Unknown
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Govan Combination
18. Date of becoming Chargeable,	3rd February 1888
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Brother Jacob Jacobson 14H Crookston St 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 Third day of February One thousand eight hundred and Eighty Eight years.

(To be signed by the Party applying) And.r 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, Robert Davie Taylor
being a (1) M. D. Univ. Glasgow
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 144 Crown St. St South Side, Glasgow in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Angelina Jacobson, Pauper, 144 Crookston St South Side, Glasgow and that the said Angelina Jacobson is a (5) person unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Delusions, Francis the lad who has run away to a fortnight, is still in Glasgow, says saw him yesterday. Thinks her sons are concealing him from her.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Brother states that she walks up down the house at night looking him & hears him calling to Glutton little Francis God appeared to him to kill the sword,

Name and Medical Designation, Robert Davie Taylor M.D.

Place of Abode, 7 Cecil Place, Paisley Rd.

DATED this 2nd day of February One thousand eight hundred and eighty eight 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 Dorrow
being a (1) Doctor of Medicine of Saint Andrews University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 144 Crookston Strut, South Side, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Angelina Jacobson, Pauper, 144 Crookston Strut, South Side, Glasgow and that the said Angelina Jacobson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Delusions Francis Glen is Warned to a Man to Go left the Country two weeks ago and is continually talking about him. States she saw him two days ago and God has told her she did guilt. Frightful Hallucinations with regard to her Sister in Law States that she is Sleepless and restless and Fancies she can Hear him in the room & is always wanting out of the house to go to Man Duff where she had been keeping company.

(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 Dorrow M.D.

Place of Abode Govan

DATED this Second day of February One thousand eight hundred and eighty eight 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 Davidson Balfour (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Andrew Wallace
Inspector of Poor Govan Combination
Certificates under the hands of Robert Davie Taylor
and James Barras , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Caroline Jacobson, 144 Crookston St Govan Pauper and that the said
Caroline Jacobson is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Caroline Jacobson as a Patient into the (6) 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 Caroline Jacobson which accompanied the said Petition.

DATED this Third day of February One thousand eight hundred and eight eight

D D Balfour

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

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

Aurelius Jacobson

Govan.

Admitted 3 Febry. 1888

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 Templeton, Dyer, 102 Friars Vennel, Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Robert Clark Templeton,

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

your Petitioner's (4) Son,

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Clark Templeton, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction the same admission into the said Asylum.

James Templeton

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

DATED this seventh (5) day of February, One thousand eight hundred and Eighty eight.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Robert Clark Templeton.
2. Sex and age,	Male – 42.
3. Married, Single, or Widowed,	Married.
4. Condition of Life and previous Occupation (if any),	Dentist Congregational Church.
5. Religious Persuasion, so far as known,	Wigan.
6. Previous place of abode,	Dumfries.
7. Place where found and examined,	
8. Length of time Insane,	Twelvemonths – Insanity became more apparent about six months ago.
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,	Twelvemonths.
13. Supposed Cause,	Anxiety of mind from domestic causes –
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Has never offered violence to any one –
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 Templeton – 102 Friars Vennel Dumfries, Patients father – No other members of family have been affected with 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 Seventh day of February, One thousand eight hundred and Eighty Eight.

(To be signed by the Party applying) James Templeton

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Torthorwald.
2. Character of Education,	Received good ordinary Education
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Naturally irritable.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Was steady and industrious till about years ago when he married - Was for or three years afterwards somewhat
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?	Parents both living
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Attack supposed to have been gradu coming on
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.
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	Had five first mentioned symptoms.
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Has recently become very irritable & excitable addresses friends or acquaintances in threatening manner.
13. What changes have taken place in his bodily symptoms?	Appetite very poor - Has fallen of in flesh is in bad health
14. Is he dirty, destructive, untidy, or obscene?	Has been known to destroy papers -
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 - Except as above
17. How long has he been insane?	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, Alexander Thomson being (1) a Doctor of Medicine hereby certify, on soul and conscience, that I have this day, at (2) the Police Office, Dumfries in the County of Dumfries, seen and personally examined Robert Clark Templeton, and that the said person is of unsound mind, and 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, ~~Dumfries day of Sixth~~ Sixth day of February - One thousand eight hundred and Eight - Eight - Years -

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

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Alexander Thomson
being a (1) a Doctor of Medicine of the University Physician 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 Police Office, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Robert Clark Templeton, Dentist, 102 Friars Vennel, Dumfries and that the said Robert C. Templeton, is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

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

1. Facts indicating Insanity observed by myself: (6)
Great change in his appearance and Manner: and Rambling incoherent Conversation.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Templeton—his mother informing me that for a considerable period he been quite changed in his habits—talking and acting in a very peculiar manner: also, told by the Police, that he was found wanting in doors, and taken to the Police Office.

(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 Sixth day of February One thousand eight hundred and Eighty Eight 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 Fac. Phys. and Surgeons Glasgow
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Robert Clark Templeton, Dentist, 102 Friar's Vennel, Dumfries, and that the said Robert Clark Templeton is a (5) person of unsound mind, and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

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

1. Facts indicating Insanity observed by myself: (6) His facial expression indicates mental derangement, and he imagines he is suffering from the effects of foul air.

(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 M.D. L.R.C.P.

Place of Abode, 25 Castle Street. Dumfries

DATED this Seventh day of February One thousand eight hundred and eighty eight 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 Esqr (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Dyer 102 Friars Vennel Dumfries Certificates under the hands of Alexander Robinson and Joseph 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) Mark Templeton Dentist 102 Friars Vennel Dumfries (Petitioners Son) and that the said Robert Mark Templeton is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Mark Templeton as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize Him Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Mark Templeton which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

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

David Boyle Sheriff

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

No. 5193.

Name, Robert Mark Templeton

Date of Admission, 20 February 1888

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

[FORM A]

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

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

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

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

The Petition of Andrew Wallace Inspector of Poor Govan Combination Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Christina Miller or Chalmers 110 Renwick St. Kinning Park Glasgow 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 Miller or Chalmers to the Crichton Royal Dumfries and 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) Andr. Wallace

(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 February One thousand eight hundred and eighty eight 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 Miller or Chalmers
2. Sex and Age,	female. about fifty years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Household duties. Previously a Weaver
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kilsyth
7. Place where Found and Examined,	Kinning Park 110 Renwick Street
8. Length of time Insane,	Growing gradually for about Six years
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	about 48
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	none
12. Duration of Existing Attack,	as above
13. Supposed Cause,	Supposed hereditary.
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Govan
18. Date of becoming Chargeable,	15 years ago. at marriage
19. Christian Name and Surname, and Place of Abode of nearest known 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 John Chalmers Labourer 110 Renwick St. Her brother James Miller Mgh Craigend, Kilsyth. Her Sister-Cousin female and An Uncle. all on the mothers side. all at one time 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 Seventh day of February One thousand eight hundred and eighty eight Years

To be signed by the Party applying) Andr. 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, James Barras being a (1) Doctor of Medicine of Saint Andrew's University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 110 Renwick Street, Kinning Park in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Christina Miller or Chalmers, Pauper, 110 Renwick St Kinning Park and that the said Christina Miller or Chalmers is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Delusive excitable and very talkative. Wants away out of the house from her husband as he is not a religious man; cannot rest she says for working and washing. Talks incoherently.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband states that she keeps talking continually is noisy and restless and that he is unable to restrain her

Name and Medical Designation, James Barras M.D.

Place of Abode, Govan

DATED this 6th day of February One thousand eight hundred and eighty eight 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 Daniel Taylor being a (1) M. D. University of Glasgow and being in actual practice as a (2) Physician ~~110 Renwick St, Kinning~~ do hereby certify, on soul and conscience, that I have this day, at (3) 110 Renwick St Kinning Park in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Christina Miller or Chalmers Pauper, 110 Renwick St Kinning Park and that the said Christina Miller or Chalmers is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Simple in conv[illegible] and appearance, keeps going about dirt and constantly talking, is very delu[illegible] fancies her neighbours throws soot dirt into her house, cannot tell the month [illegible] year.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her Husband states that she is very troubl[illegible] & noisy also delusive, she has threat[illegible] violence to her children.

Name and Medical Designation, Robert Daniel Taylor M.D.

Place of Abode 7 Cecil Place Paisley Rd

DATED this 6th day of Feby One thousand eight hundred and eighty eight 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 Davidson Balfour (1) Sheriff Substitute
of the (2) County — of Lanark
having had produced to me, with a Petition at the instance of (3) Andrew Wallace, Inspector of Poor Govan Combination Glasgow
Certificates under the hands of James Barras —
and Robert Dalie Taylor, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Christina Miller or Chalmers, 110 Renwick Street Kinning Park Glasgow pauper and that the said Christina Miller or Chalmers, is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Christina Miller or Chalmers as a Patient into the (6) Crichton Royal Institution Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Christina Miller or Chalmers which accompanied the said Petition.

DATED this seventh day of February One thousand eight hundred and eighty eight

D D Balfour

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.

Govan Combination

Admitted 7 February 1888

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

[FORM A]

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

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

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

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

The Petition of Andrew Wallace Inspector of Poor Parish of Govan Combination humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Ann Lang or O Rourke. 233 Thistle Street Glasgow your Petitioner's (3) 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 Ann Lang or O Rourke 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) Andrw Wallace

(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 February One thousand eight hundred and eighty eight Years

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Ann Lang or O Rourke
2. Sex and Age,	Female. 28 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,	233 Thistle Street Glasgow
7. Place where Found and Examined,	233 Thistle Street Glasgow.
8. Length of time Insane,	About 2 months
9. Whether First Attack,	No
10. Age (if known) on First Attack,	26 years
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Govan Parochial Asylum from 8th June till 11th Sept 1886.
12. Duration of Existing Attack,	About 2 months
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Govan Combination meantime
18. Date of becoming Chargeable,	1st February 1888
19. Christian Name and Surname, and Place of Abode of nearest known 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 O Rourke Railway Surfaceman residing at 233 Thistle Street Glasgow Husband Unknown
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

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

DATED this Sixth day of February One thousand eight hundred and eighty eight Years

To be signed by the Party applying) Andrw 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, John V. Wallace
being a (1) L. R. C. S. Edin

and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 233 Thistle Street South side, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Ann Lang or O'Rourke 233 Thistle Street, Glasgow & a pauper and that the said Ann Lang or O'Rourke is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 nervous and excitable, and talks in a rambling exaggerated manner. Has delusions, imagining that the neighbours are conspiring and talking against her, that her husband is cruel and unfaithful, &c.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband says that he cannot control or manage her, that she follows him to his work, that she locks him in the house & not let him out, that she is violent at times, and that he lives in fear of his own life and his children's. She has been an inmate of Asylum before

Name and Medical Designation, John V. Wallace. L. R. C. S. E.

Place of Abode, 47 Calder Street, Govanhill

DATED this Sixth day of February One thousand eight hundred and Eighty-eight 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 Banie
being a (1) M.D. Passon University &c.

and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 233 So Thistle Passon in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Ann Lang or O'Rourke, 233 South Thistle St. Passon & a Pauper and that the said Ann Lang or O'Rourke is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 has delusions, imagines people surround the house night and annoy her — that her husband is unfaithful, and nights and ill-treats her. —

(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 very restless, simplest dirty in her habits & person — will not clean the house or prepare food for him & the children — has been in an Asylum.

Name and Medical Designation, John Banie M.D.

Place of Abode 3 Royal Cres Crophill

DATED this Sixth day of February One thousand eight hundred and Eighty Eight 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 Barrie being (1) MD Glasgow University &c. hereby certify, on soul and conscience, that I have this day, at (2) 233 So Thistle St. Glasgow in the County of Lanark, seen and personally examined Ann Lang or O'Rourke, and that the said person is of unsound mind, and 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 Barrie MD

DATED this Sixth day of February One thousand eight hundred and Eighty Eight 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 Davidson Balfour (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Andrew Wallace Inspector of Poor Govan Combination Certificates under the hands of John V. Wallace and John Barrie —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Lang or O'Rourke 233 Thistle St Glasgow a pauper and that the said Ann Lang or O'Rourke is a (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 Lang or O'Rourke as a Patient into the (6) 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 Ann Lang or O'Rourke which accompanied the said Petition.

DATED this Sixth day of February One thousand eight hundred and eighty eight

D D Balfour

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

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

Ann Lang or O'Rourke

Govan Ombination

Admitted 7 February 1888

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

[FORM A]

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

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

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

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

The Petition of Andrew Wallace, Inspector of Poor for Govan Combination humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Sinclair or Turnbull 15 S. Wellington Street Glasgow 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 Sinclair or Turnbull to the Crichton Royal Institution Dumfries and to sanction her admission into the said Asylum.

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

(*To be signed by the Party applying*) Andw Wallace

(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 February One thousand eight hundred and eighty eight 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 Sinclair or Turnbull
2. Sex and Age,	female, 25 years of age
3. Married, Single, or Widowed,	married.
4. Condition of Life, and previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Roteston't
6. Previous Place of Abode,	15 South Wellington Street Glasgow
7. Place where Found and Examined,	do do do do
8. Length of time Insane,	about a week
9. Whether First Attack,	yes.
10. Age (if known) on First Attack,	about 25 years
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	None
12. Duration of Existing Attack,	about a week
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	Threatening to commit suicide
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Govan Combination
18. Date of becoming Chargeable,	9 February 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Turnbull 39 Clarendon Street Plantation Glasgow None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

DATED this Ninth day of February One thousand eight hundred and eighty eight years. (*To be signed by the Party applying*) Andw Wallace

P. P.

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.

(8) *State the facts.*

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

I, the undersigned, John V. Wallace
being a (2) L.R.C.S.E.

and being in actual practice as a (3) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (4) 15 South Millerston Street Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (5) Helen Sinclair or Turnbull 15 South Millerston Street Glasgow-pauper. and that the said Helen Sinclair or Turnbull 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: (8) She is nervous and excited, and disturbed in mind about her soul sings religious hymns, and talks in an excited way about religion. Has hallucinations, imagining that people are talking and conspiring against her.

2. Other facts (if any) indicating Insanity communicated to me by others: (9) Her sister and husband say that she gets very excited and violent; is unmanageable, and talks in a rambling incoherent way.

Name and Medical Designation, John V. Wallace. L.R.C.S.E.

Place of Abode, 47 Callen St. Govanhill

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

(8) *State the facts.*

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

I, the undersigned, John Bain
being a (2) M.D. Master University &c

and being in actual practice as a (3) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (4) 15 S. Millington St. Master in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (5) Helen Sinclair or Turnbull. 15 Millington St. Master - a Pauper and that the said Helen Sinclair Turnbull 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: (8) In nervous & excited has delusions, talks constantly about religious imagines herself a saint, and fancies her neighbours are conspiring against her

2. Other Facts (if any) indicating Insanity communicated to me by others: (9) Her Sister says she has been very excited, unmanageable, refuses food, and has not slept for several days.

Name and Medical Designation, John Bain M.D.

Place of Abode 3 Royal Crescent Govanhill

DATED this Tenth day of February One thousand eight hundred and eighty eight 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 Barrie
being (1) M.D. Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) 15 S. Wellington St.
in the County of Lanark, seen and personally examined
Helen Sinclair or Turnbull, and that the said Glasgow
person is of unsound mind, and 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 Barrie M.D.

DATED this Ninth day of February One thousand eight hundred and Eighty Eight 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 Davidson Balfour (1) Sheriff Substitute
of the (2) County of Lanark
having had produced to me, with a Petition at the instance of (3) Andrew Wallace, Inspector of Poor Govan Combination
Certificates under the hands of John W. Wallace
and John Barrie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Sinclair or Turnbull, 15 S. Wellington Street Glasgow a Pauper and that the said Helen Sinclair or Turnbull is a (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 Sinclair or Turnbull as a Patient into the (6) Crichton Royal Institution 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 Helen Sinclair or Turnbull which accompanied the said Petition.

DATED this tenth day of February One thousand eight hundred and eighty eight

D. D. Balfour

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.

Turnbull

Govan

Admitted 9 February 1888

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

[FORM A]

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

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

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

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

The Petition of Andrew Wallace, Inspector of Poor Govan Combination & Cayour

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Rooney or Mooney. 7 Well St Partick.

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

your Petitioner's (3) 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 Ann Rooney or Mooney to the Crichton Royal Institution Dumfries and to sanction her admission into the said Asylum.

(To be signed by the Party applying) Andr Wallace

(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 eight years

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Ann Rooney or Mooney.
2. Sex and Age,	Female 19 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,	7 Well St Partick
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	One week
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	—
12. Duration of Existing Attack,	One week.
13. Supposed Cause,	Child birth.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Unknown
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Govan Combination
18. Date of becoming Chargeable,	10th Febry 1888
19. Christian Name and Surname, and Place of Abode of nearest known 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 Mooney (Husband) 7 Well St Partick. 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 Tenth day of February One thousand eight hundred and eighty eight years

(To be signed by the Party applying) Andr 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.

(6) *State the facts.*

I, the undersigned, Gilbert Campbell being a (1) M.B.C.M. Glasg: Univ:, L.R.C.P.Ed: & L.F.P.S. Glasg: and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 7 Well St. Partick in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Ann Rooney or Mooney (Pauper) and that the said Ann Rooney or Mooney is a (5) person of unsound mind and a proper Person to be detained 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 melancholic, sits in a dull listless way, only answers questions on repeating them two or three times.

(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 imagines she has killed her baby and that it is another child and not her own. She mans down with incoherent talk. She tried today to put her head into the fire.

Name and Medical Designation, fel: Campbell M.B.

Place of Abode, 2 Hamilton Crescent Partick

DATED this ninth day of February One thousand eight hundred and Eighty Eight

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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.*

I, the undersigned, Robert Kirk being a (1) M.B. of Edinburgh University and being in actual practice as a (2) Physician and Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 7 Well St Lanark Partick in the County of separately from any other Medical Practitioner, visited and personally examined (4) Ann Rooney, or Mooney (Pauper) and that the said Ann Rooney or Mooney is a (5) person of unsound mind and a proper person to be detained 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 quite stupid and melancholy; cannot answer a question and will not speak a word

(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 talks incoherent nonsense; thinks she has done something horrible

Name and Medical Designation, Robert Kirk M.B.

Place of Abode Partick

DATED this Eighth day of February One thousand eight hundred and Eighty Eight

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Gilbert Campbell being (1) M.B. Glasg: aniv: L.R.C.P.Ed: & L.F.P.S. Glasg: hereby certify, on soul and conscience, that I have this day, at (2) Pollok in the County of Lanark, seen and personally examined Ann Rooney or Mooney (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.

Gil: Campbell M.B.

DATED this ninth day of February One thousand eight hundred and eighty eight

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

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

I, David Dewsson Balfour (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Andrew Wallace Inspector of Poor Govan Combination and Certificates under the hands of Gilbert Campbell and Robert Kirk, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Rooney or Mooney (Pauper) and that the said Ann Rooney or Mooney is a (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 Rooney or Mooney as a Patient into the (6) ~~Asylum of~~ Crichton Royal Institution Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ann Rooney or Mooney which accompanied the said Petition.

DATED this tenth day of February One thousand eight hundred and eighty eight

D D Balfour

To the Superintendent of the (7) ~~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.

Ann Rooney or Mooney
~~Mc~~ Govan
Admitted 10 February 1888

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

[FORM A]

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

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

Sheriff or Steward. Shire or Stewartry.

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

The Petition of Alexander Cameron, Inspector of Poor, Dumfries,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Matilda Shannon or Nixon

(*) 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 Matilda Shannon or Nixon, to the Southern Counties asylum and to sanction her admission into the said Asylum.

Alex^r Cameron

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

DATED this 10th day of February, One thousand eight hundred and eighty eight 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,	Matilda Shannon or Nixon.
2. Sex and Age,	Female. 29 years.
3. Married, Single, or Widowed,	married.
4. Condition of Life, and previous Occupation (if any),	—
5. Religious Persuasion, so far as known,	—
6. Previous Place of Abode,	Commercial Buildings Lockerbie.
7. Place where Found and Examined,	Do
8. Length of time Insane,	about two months
9. Whether First Attack,	no
10. Age (if known) on First Attack,	26 years.
11. When and where previously under Examination and Treatment,	Dumfries asylum
12. Duration of Existing Attack,	about fifteen days.
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	—
15. Whether Suicidal,	—
16. Whether Dangerous to others,	—
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Drysdale
18. Date of becoming Chargeable,	Feby 10th 1888
19. Christian Name and Surname, and Place of Abode of nearest known 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. Kirkpatrick Fleming
20. Special circumstances (if any) preventing the 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 February, One thousand eight hundred and eighty eight years. (*To be signed by Party applying*) Alex^r Cameron

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Walter Sandeman — being a (1) M. B. C. M. Glasgow — Lock

and being in actual practice as a (2) Assistant to Dr. Maclaill hereby certify, on soul and conscience, that I have this day, at (3) Commercial Buildings, Lockerbie, in the County of Dumfries — separately from any other Medical Practitioner, visited and personally examined (4) Matilda Shannon or Nixon, ~~Mrs. Nixon~~ W.S. Commercial and that the said Matilda Shannon or Nixon ~~Mrs. Nixon~~ W.S. is a (5) Person of Unsound Mind — and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

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

Delusions — fancies she is being [illegible] Fancies her children are being made away with

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

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

By her husband. { Laughs & sings & talks very irrat[illegible] Refuses all remedies thinking they [illegible] poisons.

Name and Medical Designation, Walter Sandeman, M.B.C.

Place of Abode, Lockerbie

DATED this 9th day of Feby One thousand eight hundred and eighty eight.

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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) Doctor 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) Commercial Buildings Lockerbie — in the County of Dumfries — separately from any other Medical Practitioner, visited and personally examined (4) Matilda Shannon or Nixon, Commercial Bldgs Lockerbie — and that the said Matilda Shannon or Nixon — is a (5) person of unsound mind — and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has delusion imagining that pictures are people & that her children are being destroyed Besides she is changeable sometimes quiet & at others wild & rambling & talking in [illegible]

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

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

Her husband Thomas Nixon & informs me that she has before been detained in Dumfries [illegible]

Name and Medical Designation, George Irving M. D.

Place of Abode Lockerbie

DATED this ninth day of Feby One thousand eight hundred and Eighty Eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Sandeman, being (1) M.B. C.M. Glasgow Lockerbie hereby certify, on soul and conscience, that I have this day, at (2) Commercial Buildings in the County of Dumfries, seen and personally examined Matilda Shannon or Nixon, and that the said person is of unsound mind, and 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 Sandeman M.B. C.M.

DATED this 9th day of Feby One thousand eight hundred and eighty eight

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

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

I, David Boyle Hope (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Alexander Cameron, Inspector of Poor, Dryfesdale, Certificates under the hands of Walter Sandeman, and George Irving, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Matilda Shannon or Nixon (Pauper) and that the said Matilda Shannon or Nixon is a (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 Shannon or Nixon 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 Matilda Shannon or Nixon, which accompanied the said Petition.

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

Matilda Shannow or
Nixow
Dryfesdale.
Admitted 10 February 1888.

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

[FORM A]

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

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

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

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

The Petition of Rowland Reed, Inspector of Poor, Canonbie, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Hogg a pauper chargeable to the Parish of Canonbie, of which I am Inspector ~~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 Hogg, 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

DATED this Eighth (4) day of February — One thousand eight hundred and Eighty eight

(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 Hogg.
2. Sex and Age,	Female - 51 years.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Coal-miner's wife.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Powambum.
7. Place where Found and Examined,	Powambum.
8. Length of time Insane,	Since May last
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	51 years.
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	Since May
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,	Canonbie.
18. Date of becoming Chargeable,	27th January 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Hogg, Powambum Canonbie (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 Eighth day of February — One thousand eight hundred and eighty eight

(*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, James Rae Anderson, being a (1) Doctor of Medicine and Licentiate of the Faculty of Physicians and Surgeons of Glasgow and being in actual practice as a (2) Physician Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Rowanbrae, Canonbie, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Hogg, Rowanbrae, Canonbie - Pauper and that the said Mary Hogg is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She tells me that she would like to live in the fields; that she can eat raw egg which is sure to make her run away. And that she cannot live - She seems to be in deep misery and inclined to be suicidal. Has a history of what has she has left -

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Husband John Hogg & her daughter Mary both say she requires to be constantly watched for fear she harm herself or commit some other act of violence & that sometimes refuses to leave her closet when - the children remain on - refuses food &c

Name and Medical Designation, } Ja. Rae Anderson M.D.

Place of Abode, Eskbank. Canonbie

Dated this Sixth day of February, One thousand eight hundred and eighty eight.

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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 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) Rowanbrae, Canonbie in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Hogg and that the said Mary Hogg is a (5) an Insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her Mania is Certainly much improved, I visit Constantly & watched the case about twice a week until a Month, with occasional Morphia Injections - Has attempted to commit Suicide and threatened to repeat to the serious Misfortune of her Child.

(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 communicated to me by her husband John Hogg and her Nurse Jessie Hogg -

Name and Medical Designation, } W. Carlyle M.D.

Place of Abode Canonbie

Dated this 7th day of February One thousand eight hundred and 88 -

CERTIFICATE OF EMERGENCY.

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

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and 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) Rowland Reed, Inspector of Poor, Canonbie, Certificates under the hands of James Ray Anderson, 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) Mrs Mary Hogg, Rowanburn, Canonbie, (a pauper) and that the said Mrs Mary Hogg 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 Mrs Mary Hogg 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 Mary Hogg, which accompanied the said Petition.

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

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 Hogg

Canonbie

Admitted 11 February 1888

9391

[FORM B²]

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

GENERAL BOARD OF LUNACY SCOTLAND 2 FEB 88

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

I the undersigned James Wilkie Moir, being desirous to transfer Isabella Fergusson, a present a Patient in Ayr District Asylum, and (¹) 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 Isabella Fergusson 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 Wilkie Moir

(²) Inspector of Poor, Parish of Keir

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

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

STATEMENT.

Christian Name and Surname of Patient at length,	Isabella Fergusson.
Sex and Age,	Female - age 25 years.
Married, Single, or Widowed,	Single.
Condition of Life, and Previous Occupation (if any),	No previous occupation.
Religious Persuasion, so far as known,	Protestant.
Date of Admission into Asylum,	20th May 1887.
Length of time Insane,	From birth.
Whether first Attack,	✓
Age (if known) on first Attack,	✓
Duration of existing Attack,	See No. 7.
Supposed Cause,	Congenital Imbecile.
Whether subject to Epilepsy,	? no. C.H. Skae
Whether Suicidal,	No
Whether Dangerous to others,	No
Parish to which the Lunatic (if a Pauper) is Chargeable,	Parish of Keir, Dumfriesshire
Christian Name 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,	Step-mother, Mrs. Fergusson, late of Vine Cottage, Townhead, Ayr.

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

(To be signed by the Applicant) James Wilkie Moir

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

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

Mary Moore

MEDICAL CERTIFICATE.

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

I, the undersigned Charles H. Skae 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 Isabella Ferguson at present a Patient in said Asylum, and with respect to ~~his~~ her Mental State that this is dementer

No. 5130 Ferguson Isabella ~~[illegible]~~ Keir Admitted 11 February 1888

; and with respect to the 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

Charles H. Skae

DATED this 28th day of January One thousand eight hundred and 88

SANCTION BY THE BOARD OF LUNACY.

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

The foregoing Application having been made to the Board to authorize the transfer of Isabella Ferguson from Ayr District Asylum to Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within four days from the date hereof, of the said patient as requested.

[signature] Commissioner.

DATED at Edinburgh, this Second day of February One thousand eight hundred and eighty-eight.

5

Date of Sheriff's Order.

20th May 1887

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

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

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

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

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) Mrs Margaret Baird or Caldwell, 146 Main Street, Anderston, Glasgow

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that William Caldwell, Shopkeeper, and Horse Factor, Glasgow,

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

your Petitioner's (4) Husband,

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Caldwell to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

Margaret Baird Caldwell

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

DATED this Fourteenth (5) day of February One thousand eight hundred and Eighty eight.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	William Caldwell
2. Sex and age,	Male. About 52.
3. Married, Single, or Widowed,	Married.
4. Condition of Life and previous Occupation (if any),	Shopkeeper and Horse Factor
5. Religious Persuasion, so far as known,	Protestant.
6. Previous place of abode,	Has lived about twenty years at
7. Place where found and examined,	142 Main Street, Anderston. Glasgow.
8. Length of time Insane,	about six months.
9. Whether First Attack,	A first attack
10. Age (if known) on First Attack,	About 51.
11. When and where previously under Examination and treatment,	—
12. Duration of Existing Attack,	about six months.
13. Supposed Cause,	Depression of Health.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Doubtful. Has made threats.
16. Whether Dangerous to others,	Probably not.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Margaret Baird or Caldwell 142 Main Street Anderston Glasgow. His wife. Also of his sisters – now dead.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

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

DATED this fourteenth day of February One thousand eight hundred and eighty eight

(To be signed by the Party applying) Margaret Baird Caldwell

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace.	Greenock.
2. Character of Education.	Primary.
3. Is the natural disposition cheerful or melancholy—reserved or frank.	Melancholy and reserved.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady and 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?	One sister, intemperate and insane jumped over a window, and died from the fall. Only so.
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's death – cause unknown. Mother alive.
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Depression of Health, probably.
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	Hypochondriasis about a Hydrocele.
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Depression – imagining ~~robbed~~ money lost. Fancies – Seeing Police following him.
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 – very great.
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	None, save slight aggravation.
13. What changes have taken place in his bodily symptoms?	Apparently gradual deterioration of health.
14. Is he dirty, destructive, untidy, or obscene?	No.
15. Has he threatened or attempted violence to himself? If so, in what way?	Has threatened to cut his throat, and to jump out window. Has made no attempt.
16. Has he threatened or attempted violence to others? If so, in what way?	No.
17. How long has he been insane?	About six months.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, John Dunlop
being (1) a Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (2) 142 Main Street Glasgow
in the County of Lanark, seen and personally examined
William Baldwell, and that the said
person is of unsound mind, and 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 Dunlop M.D. &c.

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

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

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, John Dunlop being a (1) Doctor of Medicine and Master of Surgery of the University of Glasgow and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day at (3) 142 Main Street Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) William Caldwell, Shopkeeper and House Factor Glasgow and that the said William Caldwell is a (5) person of unsound mind 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 says he is followed and continually watched by people. He is suspicious of everybody and imagines he has stolen something and also that his money is all bad, He is Melancholy, restless and altogether very unsafe

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

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

His daughter tells me that he has threatened to cut his throat or jump over the window and that he imagines all sorts of business troubles

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

Place of Abode, 1 Somerset Place Glasgow

DATED this twelth day of February One thousand eight hundred and eighty eight

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MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Alexander Davidson being a (1) Bachelor of Medicine and Master of Surgery of the University of Glasgow. and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) 142 Main Street, Anderston Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) William Caldwell Shopkeeper and House Factor Glasgow and that the said William Caldwell is a (5) person of unsound mind 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.*

Says he is followed by men, and is suspicious about his money being bad. Also that he has been duped about the purchase of a yacht, which he has really bought. Watchful suspicion, and disconnected narration.

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

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

prolonged sleeplessness; fancies of being followed, of being a wreck of other sorts - that is, of the yacht, abdominal pain of being in money troubles, threats of suicide when trivial circumstances thwart him.

Name and Medical Designation, Alexander Davidson M.B. Cm (Glas).

Place of Abode, 347 S. George Road Glasgow.

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

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 Caldwell, 144 Main Street, Anderson, Glasgow Certificates under the hands of John Dunlop, and Alexander 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) Caldwell, Shop Keeper & House Factor, Glasgow Petitioner and that the said William Caldwell, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Caldwell, 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 Caldwell 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 February One thousand eight hundred and eighty eight.

David Boyle Hope

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

No. 3131.

Name, William Caldwell.

Date of Admission, 14 February 1887.

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

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

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

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

(3) Insert Name and Designation.

The Petition of (3) Thomas Douglas Sprout, Metal Merchant, Old Quarry Brook House, Maghull Liverpool
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Alexander Gordon Sprout, Apprentice Iron Merchant,

(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 Alexander Gordon Sprout to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

T D Sprout.

(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 February One thousand eight hundred and eighty eight.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Alexander Gordon Sprout.
2. Sex and age,	Male - 19 years
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Apprentice Iron Merchant
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	Old Quarry Brook House, Maghull Liverpool
7. Place where found and examined,	Railway Station Dumfries
8. Length of time Insane,	6 months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	18½ years
11. When and where previously under Examination and treatment,	
12. Duration of Existing Attack,	6 months
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Douglas Sprout Metal Merchant Old Quarry Brook House Maghull. Liverpool. Father
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	A Maternal Aunt has been insane.

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

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

(To be signed by the Party applying). T D Sprout.

ADDITIONAL STATEMENT

For the Information of the Physician.

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, James Hunter Dryden,
being (1) Licentiate of the Royal College of Surgeons Edinr
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries
in the County of Dumfries, seen and personally examined
Alexander Gordon Sproat, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

James Hunter Dryden L.R.C.S.E.

DATED this 15th day of February One thousand eight hundred and eighty eight 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 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) Dumfries Railway Station, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Alexander Gordon Sproat, of old Quarry Brook House, Maghull, Liverpool, and that the said Alexander Gordon Sproat, is a (5) person of unsound mind 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, & is full of delusions. He says that Lord Rosebery, the Duke of Argyll & the Earl of Dunraven, disguised as working men, came to his father's house one night in December begging. He also says that he is a son of Mary Queen of Scots. &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.*

By his father — He has been sending letters & telegrams to Lord Rosebery & several other State officials making appointments with them, & otherwise annoying them.

Name and Medical Designation, J Hunter Dryden LRCP&SE

Place of Abode, 26 Castle Street, Dumfries

DATED this 15th day of Feby One thousand eight hundred and eighty eight years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, John Alexander Caldeuwood, being a (1) Licentiate of the Royal Colleges of Physicians and Surgeons of Edinburgh and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Alexander Gordon Sproat, of old Quarry Brook House, Maghull Liverpool and that the said Alexander Gordon Sproat, is a (5) person of unsound mind 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 depressed and says his father is persecuting him. He says he is the son of God and calls his father a devil because he is taking luggage with him to heaven, & trys to put him out.

(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 A Caldeuwood LRCP&SE

Place of Abode, Thornhill Dumfries

DATED this 17th day of February One thousand eight hundred and eighty eight 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 Doyle Sproat, Metal Merchant, Old Quarry Brook House, Liverpool, Certificates under the hands of James Hunter Dryden and John Alexander Calderwood, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Gordon Sproat, Apprentice from Merchant, Old Quarry Brook House, aforesaid (Petitioner's son) and that the said Alexander Gordon Sproat, as a (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 Gordon Sproat, 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 Alexander Gordon Sproat which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

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

David Boyle Hope

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

No. 5152.

Name, Alexander Gordon Sproat

Date of Admission, 15 February 1888.

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

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

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

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

and his Substitutes.

(3) Insert Name and Designation.

The Petition of (3) William Earsman Jr, Lime Tree House, Moffat

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Charlotte Earsman, sometime residing at Grove Street, Liverpool

(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 Charlotte Earsman to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

William Earsman Jr

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

DATED this 15th (5) day of Feby One thousand eight hundred and eighty eight.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Charlotte Earsman.
2. Sex and age,	Female. 40 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life and previous Occupation (if any),	House wife
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	Grove Street. Liverpool
7. Place where found and examined,	Limetree House. Moffat
8. Length of time Insane,	one week
9. Whether First Attack,	No
10. Age (if known) on First Attack,	33 years of age
11. When and where previously under Examination and treatment,	In year 81. in Crichton Institution
12. Duration of Existing Attack,	one week.
13. Supposed Cause,	Grief at 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,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	William Earsman. Limetree House 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 15th day of Feby One thousand eight hundred and eighty eight.

(To be signed by the Party applying) William Earsman Jr

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 Munro ——————
being (1) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (2) Lincluden House
in the County of Dumfries ——, seen and personally examined
Charlotte Sarsman ——, and that the said person is of unsound mind, and 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.

DATED this 15th day of Feby One thousand eight hundred and eighty Eight

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

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, James Munro being a (1) Member of the Royal College of Physicians in Edinburgh & a Licentiate of the Royal College of Surgeons in Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day at (3) Limetree house. Moffat, Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Charlotte Earsman. Lime Tree House. Moffat and that the said Charlotte Earsman is a (5) Person of Unsound mind 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.*

Talking in a rambling & incoherent manner throwing herself about the bed - requiring to be held - and refusing to take food. Previously unsanit.

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

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

The above facts - screaming out. Swearing and requiring restraint.

Name and Medical Designation, James Munro. M.D. L.R.C.S. Edin.

Place of Abode, Moffat

DATED this 15th day of Feby One thousand eight hundred and eighty eight

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MEDICAL CERTIFICATE.—No. II.

I, the undersigned, William D'Orly 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) Lime Tree House — Moffat — Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Charlotte Earsman — Lime Tree House — Moffat; and that the said Charlotte Earsman is a (5) person of unsound mind 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.*

Muttering delirium. Does not recognise people whom she knew. continually flinging her arms about & speaks incoherently continuously.

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

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

Refuses food. Violent. Spitting at people. Time but curtains. muttering. Said she has been in an asylum before.

Name and Medical Designation, Wm D'Orly Grange M.D. Edin.

Place of Abode, Moffat

DATED this fifteenth day of February One thousand eight hundred and eighty eight

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 Ba[illegible] Lime Tree House, Moffat, Certificates under the hands of James Munro and William D'Oyly Grange, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Charlotte Barsman Lime Tree House Moffat Dumfries and that the said Charlotte Barsman, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Charlotte Barsman as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Charlotte Barsman 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 February One thousand eight hundred and eighty eight.

David Boyle Hope

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

No. 5155.

Name, Charlotte Barsman

Date of Admission, 16 February 1888.

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

[FORM A]

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

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

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

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

The Petition of Andrew Wallace Inspector of Poor Govan Combn & Cayow

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Mc Iver Lyndhurst 1 Winton Drive Kelvinside & Cayow your Petitioner's (3) Pauper Lunatic

(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 Margaret Mc Iver to the Christian Royal Institution Dumfries and to sanction her admission into the said Asylum.

(*To be signed by the Party applying*) Andrwallace

(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 February One thousand eight hundred and eighty eight Years.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Margaret Mc Iver
2. Sex and Age,	Female 30 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,	Lyndhurst 1 Winton Terrace Kelvinside & Cayow
7. Place where Found and Examined,	Do
8. Length of time Insane,	about 2 weeks
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	—
12. Duration of Existing Attack,	About 2 weeks.
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,	Govan Combination meantime
18. Date of becoming Chargeable,	20th February 1888
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Margaret Mc Iver (mother) 7 Alma St Govan & Cayow
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 ~~Glasgow~~ day of Twentieth day of Febry One thousand eight hundred and eighty eight Years.

(*To be signed by the Party applying*) Andrwallace

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Gilbert Campbell being a (1) M.B. Glasg: Univ: M.R.C.P.Ed: L.F.P.S.Glasg:

and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Lyndhurst 1 Ambon Drive, Kelvinside in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Margaret McIver (Pauper) and that the said Margaret McIver is a (5) person of unsound mind. and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She laughs incoherently, then elapses into sullenness, and won't answer questions. She says she knows what is in my heart and don't have any thing more to say to me.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her mistress says she has shown great violence without any provocation. She says her people are lords and ladies in London

Name and Medical Designation, Gil: Campbell M.B.

Place of Abode, 12 Hamilton Crescent

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

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MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Robert Kirk being a (1) M.D. 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) Lyndhurst 1 Winton Drive, Kelvinside in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Margaret McIver (Pauper) and that the said Margaret McIver is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 bed, although in perfect health; on being roused only laughed in a silly manner, buried her head in the bedclothes and refused

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her mistress says she shakes her fist at people in the house; she fancies she sees things, and that she is related to lords and ladies.

Name and Medical Designation, Robert Kirk M.D.

Place of Abode Partick

DATED this Twentieth day of February One thousand eight hundred and Eighty-eight

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Gilbert Campbell being (1) M.B. Glasg: Univ: L.R.C.P. Ed: & L.F.P.S. Glasg: hereby certify, on soul and conscience, that I have this day, at (2) Lyndhurst in the County of Lanark, seen and personally examined Margaret M: Iver (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.

Gil: Campbell M.B.

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

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

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

I, David Davidson Balfour (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Andrew Wallace, Inspector of Poor Govan Combination Certificates under the hands of Gilbert Campbell and Robert Kirk, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McIver, Lyndhurst, Winton Drive Kelvinside Glasgow a Pauper and that the said Margaret McIver is a (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 McIver as a Patient into the (6) Chrichton 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 Margaret McIver which accompanied the said Petition.

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

D. D. Balfour

To the Superintendent of the (7) Chrichton Royal ~~Asylum of~~ Institution 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.

Margaret McIver,

Govan,

Admitted 20 February 1888

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

[FORM A]

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

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

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

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

The Petition of John Wither Inspector of poor Inch

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane McQuillan or Boyd one of your Petitioner's (3) paupers is at present in a state of Mental Derangement, and 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 McQuillan or Boyd to the 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.

(*To be signed by the Party applying*) Jno Wither

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

DATED this 19 (4) day of February One thousand eight hundred and eighty eight

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Jane McQuillan or Boyd
2. Sex and Age,	Female 45 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	housewife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Barmeltoch
7. Place where Found and Examined,	Barmeltoch
8. Length of time Insane,	not known
9. Whether First Attack,	not known
10. Age (if known) on First Attack,	45 years
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	
12. Duration of Existing Attack,	since December last
13. Supposed Cause,	death of husband
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,	Inch
18. Date of becoming Chargeable,	10 July 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,	— McQuillan, Farm Servant, Mye, Stoneykirk Mother died in Crichton 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 19th day of February One thousand eight hundred and eighty eight

(*To be signed by the Party applying*) Jno Wither

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, John R Gibson being a (1) Graduate in medicine & Surgery of the University of Glasgow and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Barnulwick parish of Inch in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Mrs Jane Boyd and that the said Mrs Boyd is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

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

Says that she has an uncontrolable d[illegible] to commit suicide.
Very restless & excited in her manner

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

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

Mrs O'Hare & her husband Mich. O'Hare neighbours say she has tried to commit suicide and has also threatened to destroy her children with a knife

Name and Medical Designation, John R Gibson M.B. [illegible]

Place of Abode, 11 Lewis St. Stranraer

DATED this 16th day of February One thousand eight hundred and eighty eight.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Alexander William Dalgarno being a (1) Graduate in medicine & Surgery of the University of Aberdeen and being in actual practice as a (2) physician & surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Barnulwick the parish of Inch & in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Mrs Boyd and that the said Mrs Boyd is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks in a very excited manner & says she has difficulty in restraining herself from acts of violence on herself & others

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

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

Her daughter says she has to be constantly watched. Has tried to injure [illegible] & seems quite unable to perform any of her duties

Name and Medical Designation, A. W. Dalgarno M.B.

Place of Abode 17 Jews Street Stranraer

DATED this eighteenth day of February One thousand eight hundred and eighty eight

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, Thomas Crabb Ving Esquire (1) Sheriff Substitute of
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) John Weller
Inspector of poor of the Parish of Leswalt
Certificates under the hands of John R. Gibson and Alexander Welham
both Surgeons in Stranraer, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Mrs Jane McLellan or Boyd residing at Ramultoch and that the said
Jane McLellan or Boyd is a (5) person of unsound
mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane McLellan or Boyd 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 McLellan or Boyd which accompanied the said Petition.

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

Thos. C. Ving 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.

No. 5155

Jane McQuillan or Boyd

Inch.

Admitted 20 February 1888.

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 Mrs Annie Barbara Mundawity Mount Devon. Dollar. Widow.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Miss Louisa Mundawity. Mount Devon, Dollar

(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 Louisa Mundawity to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

A. B. Mundawity.

(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 February One thousand eight hundred and eighty eight.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Louisa Mundawity.
2. Sex and age,	Female. 44 years
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Lady.
5. Religious Persuasion, so far as known,	Episcopal
6. Previous place of abode,	Mount Devon. Dollar
7. Place where found and examined,	Do. Do.
8. Length of time Insane,	~~about a week~~
9. Whether First Attack,	No. 3d attack.
10. Age (if known) on First Attack,	about 24.
11. When and where previously under Examination and treatment,	Private patient at Mr Symmers's Haverah in 69 & 70. on attack of insanity about 1882. and in 1883. taken to Perth Asylum. Recovering.
12. Duration of Existing Attack,	about a week.
13. Supposed Cause,	~~———~~ Can't tell.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	———
18. Date of becoming Chargeable,	———
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	The Petitioner Mrs Annie Barbara Mundawity. mother. a younger Sister has suffered from attacks.
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 third day of February One thousand eight hundred and eighty eight.

(To be signed by the Party applying)..... A. B. Mundawity.

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Sterling
2. Character of Education,	an ordinary good education
3. Is the natural disposition cheerful or melancholy—reserved or frank,	naturally 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?	Yes - see 11 other side
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	Grandmother. epilepsy - sister younger - mental illness
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 - general failing - two Bth consumption -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Not aware -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	Not aware
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.?	First symptom generally want of appetite
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?	far from it -
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. 12 other side.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Strachan
being (1) Doctor of Medicine of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Dollar
in the County of Clackmannan, seen and personally examined Louisa Maclaverty, and that the said person is of unsound mind, and 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 Strachan

DATED this Nineteenth day of February One thousand eight hundred and eighty eight

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

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Jn Strachan
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) Mount Devon
Dollar
visited and personally examined (4) Louisa Maclaverty
Mount Devon Dollar
and that the said Louisa Maclaverty 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)

(6) *State the Facts.*

Total change of manner and disposition. Rambling
incoherent talking. Sudden bursts of passion violent
and profane language. Restlessness and sleeplessness

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

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

Her sister Miss Susan Maclaverty tells me
that formerly manner & her is entirely changed, that
she seems to have taken an unaccountable dislike to her
and annoys her with violent and abusive language and that she
seems at times not to recognise members of the family

Name and Medical Designation, Jn Strachan M.D.

Place of Abode, Dollar

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

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Duncan Robertson
being a (1) Bachelor of Medicine & Master in Surgery
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Mount Devon
Dollar.
visited and personally examined (4) Louisa Maclaverty
and that the said Louisa Maclaverty 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)

(6) *State the Facts.*

Talks at times incoherently. Is restless and
pulls about the curtains & pictures of the room. Is
continually putting down & putting up her hair and cried
she had cut her head very badly – Claims me as her nephew &c.

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

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

Her brother says that her manner is quite
changed and at times seems to forget everyone.

Name and Medical Designation, Duncan Robertson, M.B, C.M.

Place of Abode, Dollar

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

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

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

I, David Boyle Hope, (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Mrs. Annie Maclaverty, Mount Devon, Dollar, Certificates under the hands of John Strachan and Duncan 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) Maclaverty, Mount Devon, Dollar (Stuiners) and that the said Louisa Maclaverty, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Louisa Maclaverty, as a Patient into the Royal ~~Edinburgh Asylum~~ Institution at Dumfries, 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 Louisa Maclaverty, which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

D.B.
H

DATED this Twenty ~~fourth~~ of February One thousand eight hundred and eighty eight.

David Boyle Hope

D.B.
Crichton Royal Institution
H.

To the Medical Superintendent of the ~~Royal Edinburgh Asylum~~ Crichton Royal Institution for the Insane, at Dumfries.

Name, Miss Louisa Mac Laverty

Date of Admission, 21 February 1888

No. 21 [illegible]

LETTER OF OBLIGATION FOR PAYMENT OF BOARD.

188

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 Hetherington Woolsorter, Troqueer Cottages, Maxwellton, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Simon Hetherington, Engineer — your Petitioner's (4) Father, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Simon Hetherington, 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. Hetherington

(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 February One thousand eight hundred and eighty eight 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,	Simon Hetherington -
2. Sex and age,	male - 47 years
3. Married, Single, or Widowed,	widowed
4. Condition of Life and previous Occupation (if any),	Engineer -
5. Religious Persuasion, so far as known,	Episcopalian
6. Previous place of abode,	Ryedale Terrace,
7. Place where found and examined,	Ryedale Terrace
8. Length of time Insane,	Six months.
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	47
11. When and where previously under Examination and treatment,	Home
12. Duration of Existing Attack,	6 months, acute 1 week
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 Hetherington Wool Sorter Troqueer Mill (son)
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this 24th day of February One thousand eight hundred and 88 years.

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

ADDITIONAL STATEMENT

For the Information of the Physician.

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

CERTIFICATE OF EMERGENCY.

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

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

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

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

Dated this 24th day of February One thousand eight hundred and eighty eight 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 Edinr
and being in actual practice as a (2) physician & surgeon
hereby certify, on soul and conscience, that I have this day at (3) Rydale Terrace, Maxwelltown, Troqueer in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Simon Hetherington, Engineer, Troqueer, Mill, and that the said Simon Hetherington is a (5) person of unsound mind, 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 excited and violent; he walks up & down the house muttering & gesticulating. He says "that the almighty is punishing him for his sins. that he feels he must put an end to himself"

(6) *State the Facts.*

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

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

By his son — William —
He attempted to commit suicide this morning by throwing himself amongst the machinery at Troqueer Mills

Name and Medical Designation, J Hunter Dryden MRCS 1880

Place of Abode, 26 Castle Street Dumfries

DATED this 24th day of July One thousand eight hundred and 88 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) The Southern Counties Asylum, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Simon Hetherington, Engineer, Ryedale Terrace, Maxwelltown and that the said Simon Hetherington is a (5) person of unsound mind 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 imagines that he has committed some terrible sins & is mentally bewildered

(6) *State the Facts.*

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

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

He attempted to commit suicide this morning by throwing himself among the machinery at Troqueer Mills.

Name and Medical Designation, John Cunningham MD

Place of Abode, Dumfries

DATED this Twenty fourth day of February One thousand eight hundred and Eighty eight 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 Hetherington Woolcooster, Troqueer Cottages, Maxwelltown Certificates under the hands of James Hunter Dryden, and John Cuthbert 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) Simon Hetherington, Engineer, Ryedale Terrace, Maxwelltown, (Petitioners Father) —— and that the said Simon Hetherington is a (5) person of unsound mind

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

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

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

David Boyle Hope

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

No. 1321.

Name, Simon Hetherington

Date of Admission, 28th February 1888.

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

[FORM A]

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

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

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

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

The Petition of Andrew Wallace Inspector of Poor, Govan Combination humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Brooks or McLachlan your Petitioner's (3) pauper, at 47 Sandyfaulds Street Glasgow is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Brooks or McLachlan to the Crichton Royal Institution Dumfries and to sanction her admission into the said Asylum.

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

(To be signed by the Party applying) Andw. Wallace

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

DATED this Twenty seventh (4) day of February One thousand eight hundred and eight eight 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 Brooks or McLachlan
2. Sex and Age,	Female; 36 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Shopkeeper.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	47 Sandyfaulds Street
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,	about 36 years
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	None
12. Duration of Existing Attack,	a few days
13. Supposed Cause,	sudden bereavement; grief.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes, gets outrageous at times
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Govan Combination
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 son Robert McLachlan aged 15. telegraph messenger in Central Post Office and presently residing at above address.
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 Glasgow day of Twenty seventh February One thousand eight hundred and eight

eight years

To be signed by the Party applying) And. 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, John V. Wallace
being a (1) L. R. C. S. Edin

and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 47 Sandyfaulds Street, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Brooks a McLachlan 47 Sandyfaulds Street, Glasgow — a pauper and that the said Elizabeth Brooks McLachlan is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has delusions fancies that she hears voices and hears & sees people round about her. She is very melancholy and depressed, very easily moved and has lost interest in life and control over her feelings.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She has been in this condition for some days the neighbours say. She has to be sit up with every night, and watched constantly

Name and Medical Designation, John V. Wallace L. R. C. S.

Place of Abode, 47 Calder St. Govanhill

DATED this twenty-fourth day of February One thousand eight hundred and Eighty-eight 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 Banit
being a (1) M.D. Glasgow University &c.

and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 47 Sandyfaulds Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Brooks or McLachlan 47 Sandyfaulds St. Glasgow, a Pauper and that the said Eliz. Brooks or McLachlan is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Is nervous & excited has delusions, imagines she hears people speaking and that she has been getting poison in her food

(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 in an excited state for some days, is very restless & sleepless, and cannot seem to do anything,

Name and Medical Designation, John Banit, M.D.

Place of Abode 3 Royal Cres Crophill

DATED this twenty-fourth day of February One thousand eight hundred and Eighty Eight 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 V. Wallace
being (1) L.R.C.S.E.
hereby certify, on soul and conscience, that I have this day, at (2) 47 Sandyfauld St Glasgow
in the County of Lanark, seen and personally examined
Elizabeth Brooks or McLachlan, and that the said
person is of unsound mind, and 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 V. Wallace L.R.C.S.E.

DATED this 24th day of February One thousand eight hundred and Eighty-eight 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 Alexander Erskine Murray (1) Sheriff Substitute
of the (2) County of Lanark
having had produced to me, with a Petition at the instance of (3) Andrew
Wallace Inspector of Poor Govan Combination
Certificates under the hands of John V. Wallace
and John Babtie —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Brooks or McLachlan
Sandyfauld Street Govan a Pauper and that the said
Elizabeth Brooks or McLachlan is a (5) person of
unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Brooks or McLachlan as a Patient into the Crichton Royal Institution Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Brooks or McLachlan which accompanied the said Petition.

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

A Erskine Murray

To the Superintendent of the Crichton Royal
~~Asylum at~~ Institution at 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. 8138.

Elizabeth Brooks or
Mc Lachlan.

Govan Combination

Admitted 07 February 1888

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

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

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

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

(3) Insert Name and Designation.

The Petition of (3) Alexander Thomson, Bleacher, Catrine
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Archibald Thomson your Petitioner's (4) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Archibald Thomson 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.

Alex Thomson

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

DATED this twenty ninth (5) day of February One thousand eight hundred and eighty eight

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Archibald Thomson
2. Sex and age,	Male - Age 52
3. Married, Single, or Widowed,	Married
4. Condition of Life and previous Occupation (if any),	Draper
5. Religious Persuasion, so far as known,	Free Church of Scotland
6. Previous place of abode,	Catrine
7. Place where found and examined,	do
8. Length of time Insane,	For about 3 weeks
9. Whether First Attack,	first attack
10. Age (if known) on First Attack,	52
11. When and where previously under Examination and treatment,	
12. Duration of Existing Attack,	About 3 weeks
13. Supposed Cause,	Depression about his business
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,	Bella Thomson (his wife) Catrine 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 29th day of February One thousand eight hundred and eighty eight

(To be signed by the Party applying) Alex Thomson

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Estrine
2. Character of Education,	good elementary 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?	very steady & industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Never
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	None
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	Father died of Old age & Fa[illegible] Mother died of Erysipelas. [illegible] died from effects of a Burn, and [illegible]
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	No
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Depression
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?	They have become aggravated
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?	For about 3 weeks

CERTIFICATE OF EMERGENCY.

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

I, the undersigned,

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) D. Sloane a 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) Riverside Cottages Catrine Ayr in the County of separately from any other Medical Practitioner, visited and personally examined (4) Archibald Thomson Draper Catrine and that the said Archibald 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) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) He has a dull heavy look — he is restless and flighty in manner, He answers questions in a hesitating uncertain way — his ideas are absurd and erroneous — takes fits of severe depression, and fancies the devil has got hold of him, and that he is going to Hell

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He is sleepless — unfit for business, irritable, and contradictory in his manner to his friends. And he is afraid he may attempt violence to himself or his own relations — From his wife and his Brother

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

Name and Medical Designation, D. Sloane M.D.

Place of Abode, Catrine

DATED this 29th day of February One thousand eight hundred and eighty eight

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MEDICAL CERTIFICATE.—No. II.

I, the undersigned, being a (1) James William Grange 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) Riverside Cottages, Catrine Ayr, in the County of separately from any other Medical Practitioner, visited and personally examined (4) Archibald Thomson Draper, Catrine and that the said Archibald 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) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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 weeps and moans, saying that he is paralysed in his private parts, that they have stopped like a clock that has run down, and that he is completely in the power of Satan.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Yesterday morning if he had not been prevented he would have poisoned himself with a bottle of Chloral. also that he thinks his business is ruined, which is not the case. Communicated to me by his wife Mrs Thomson.

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

Name and Medical Designation, J. W. Grange MB CM

Place of Abode, Old Cumnock

DATED this 29th day of February One thousand eight hundred and Eighty eight.

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 Alexander Orr Paterson Sheriff Substitute of the (2) County of Ayr having had produced to me, with a Petition at the instance of (3) Alexander Thomson Bleacher Catrine Certificates under the hands of D. Moan M. D. and James William Grange 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) Archibald Thomson Draper Catrine and that the said Archibald Thomson is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Archibald Thomson 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 Archibald Thomson 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 February One thousand eight hundred and eighty eight

MR

William A. O. Paterson

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

No. 4167.

Name, Archibald Thomson

Date of Admission, 3 March 1888

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

[FORM A]

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

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

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

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

The Petition of Andrew Wallace Inspector of Poor Govan Combination Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jessie Walker 43 Elder St Govan your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jessie Walker 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) Andrew Wallace

DATED this Seventh (4) day of March One thousand eight hundred and eighty Eight 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 Walker.
2. Sex and Age,	Female 24 Years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Milliner
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	43 Elder St Govan
7. Place where Found and Examined,	43 Elder St Govan
8. Length of time Insane,	about a week
9. Whether First Attack,	No
10. Age (if known) on First Attack,	26.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	In Glasgow District Asylum from 24 July 1886 to 16 July 1884.
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,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Govan Combination
18. Date of becoming Chargeable,	4th 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,	Father Thos Walker. Enginefitter residing at 43 Elder St Govan. none so far as known
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 Seventh day of March One thousand eight hundred and eighty Eight Years.

To be signed by the Party applying) Andrew 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, John V. Wallace
being a (1) L.R.C.S.E.

and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 51 Commercial Road, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Sarah McBride, 51 Commercial Road, Glasgow a pauper and that the said Sarah McBride is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 nervous and excited, has not slept for four nights, talking in a rambling incoherent manner. She is frightened and has delusions, imagining that people are going to do something to her.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her mother says she has been in this condition for some days, that she is violent, outrageous, and unmanageable

Name and Medical Designation, John V. Wallace, L.R.C.S.E.

Place of Abode, 47 Calder St. Govanhill

DATED this Sixth day of March One thousand eight hundred and Eighty-eight 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 Barrie
being a (1) M.D. Glasgow University &c

and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 51 Commercial Road Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Sarah McBride, 51 Commercial Road Glasgow a pauper and that the said Sarah McBride is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 nervous & excited, has delusions, imagining her friends & neighbours are conspiring to hurt her, thinks soul is lost.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her Mother says she has been very unhealthy for some days, has been very unmanageable & sleeplessness.

Name and Medical Designation, John Barrie M.D.

Place of Abode 7 Royal Cres Cropkill

DATED this Seventh day of March One thousand eight hundred and Eighty Eight 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 Barrie being (1) MD Glasgow University &c. hereby certify, on soul and conscience, that I have this day, at (2) 51 Commercial Rd. Glasgow in the County of Lanark, seen and personally examined Sarah McBride, and that the said person is of unsound mind, and 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 Barrie MD

DATED this Seventh day of March One thousand eight hundred and Eighty Eight year.

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

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

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) Andrew Wallace Inspector of Poor Govan Combination Certificates under the hands of John V. Wallace and John Barrie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McBride 51 Commercial Road Glasgow a Pauper and that the said Sarah McBride is a (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 McBride as a Patient into the Crichton Royal Institution Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Sarah McBride which accompanied the said Petition.

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

D V McBride

To the Superintendent of the (6) Crichton Royal ~~Asylum of~~ Institution at 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.

Sarah McBride.

Govan.

Admitted 7 March 1888

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

[FORM A]

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

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

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

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

The Petition of Adam Oliver, Builder, 3 Northcastle St, Hawick, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Jane Oliver or Galloway, 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 Mrs Jane Oliver or Galloway 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.

Adam Oliver

(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 March One thousand eight hundred and eighty eight.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Jane Oliver or Galloway
2. Sex and Age,	Female – aged 34
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,	Presbyterian – Established Church.
6. Previous Place of Abode,	Minto Gardens, Roxburgh.
7. Place where Found and Examined,	Minto Gardens, Roxburgh.
8. Length of time Insane,	4 Weeks.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	34 years.
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	4 Weeks.
13. Supposed Cause,	Husband (insane or deranged) at home for sometime; perhaps after lactation.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Not so far as 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,	Adam Oliver, 3 Northcastle Street, Hawick. (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 ninth day of March One thousand eight hundred and Eighty eight

(*To be signed by Party applying*) Adam Oliver

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 MacGregor
being a (1) Doctor of Medicine 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) Minto Gardens
in the County of Roxburgh separately from any other Medical Practitioner, visited and personally examined (4) Mrs Jane Galloway
and that the said Mrs Jane Galloway is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
(a) She is very restless and excitable and requires to be restrained in bed. (b) She refuses food (c) She is very sleepless (d) she says that she hears sounds and voices in the room when there are none such (e) she says nurse wants to poison her (f) she will not take food for fear they - to destroy life, and has tried to get at me to sue for food -

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
(a) nurse informs me she will not remain in bed (b) nurse informs me that patient favours none save into the room to ill-treat her (c) nurse & patient's sister say patient will not take food, & that they have to hold her that she may take

Name and Medical Designation, Donald MacGregor M.D.

Place of Abode, Dunbar, Hawick

DATED this Seventh day of March One thousand eight hundred and eighty eight

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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 Rogerson Hamilton
being a (1) Doctor of Medicine 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) Minto Gardens
in the County of Roxburgh separately from any other Medical Practitioner, visited and personally examined (4) Mrs Jane Galloway
and that the said Mrs Jane Galloway 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) (a) Restless and excitable (b) will not allow any food to be given (c) She is sleepless (d) She is hallucinated and that there are voices in the room (e) She is suspicious that she is poisoned and that there are plots against her life (f) She has tried to get at her children and desires to be reunited to them

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
1 - Jane Dawson my own sister that she has made repeated attempts to commit suicide - She is difficult to deal with in bed -
2. Mrs Dawson her mother informs me that the patient has an extreme dislike to her own children and wishes them away from her sight when she is hallucinated

Name and Medical Designation, John R. Hamilton M.D.

Place of Abode Hawick

DATED this eighth day of March One thousand eight hundred and eighty eight

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Macgregor being (1) a Doctor of Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Minto Gardens in the County of Roxburgh, seen and personally examined Mrs Jane Galloway, and that the said person is of unsound mind, and 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. Macgregor MD

DATED this seventh day of March, —One thousand eight hundred and eighty eight.

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

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

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Adam Shiel Builder Stanwick, Certificates under the hands of Donald Macgregor and John Rogerson Hamilton, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Shiel or Galloway Minto Gardens Roxburgh (Sister) and that the said Mrs Jane Shiel or Galloway a (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 Shiel or Galloway as a Patient into the (6) Public — Asylum of Crichton Royal Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Jane Shiel or Galloway, which accompanied the said Petition.

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

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. 3172.

Jane Oliver of Galloway

Committed 9 March 1888

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

[FORM A]

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

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

(1) Sheriff or Steward. (2) 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, Annan,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Mans,

(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 Mans, — to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(To be signed by the Party applying) John Lawson Insp of Poor

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

DATED this 9th (4) day of March — One thousand eight hundred and Eighty eight 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 Mans
2. Sex and Age,	Male — 33 years
3. Married, Single, or Widowed,	
4. Condition of Life, and previous Occupation (if any),	
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	
7. Place where Found and Examined,	Maxwelltown Brow
8. Length of time Insane,	
9. Whether First Attack,	
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	
12. Duration of Existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Annan Parish
18. Date of becoming Chargeable,	9th March 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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,	None —

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

DATED this 9th day of March — One thousand eight hundred and 1888 Eighty eight

(To be signed by the 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, David MacKenzie
being a (1) Bachelor of Medicine & Master in Surgery
and being in actual practice as a (2) General practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Monumellon Prison, Kirkcudbright
in the County of
separately from any other Medical Practitioner, visited and personally examined (4) Wm Mans, a vagrant and that the said Wm Mans. is a (5) Lunatic
and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
A vague look, + delusions about money matters.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Delusions about food, friends, + everything

Name and Medical Designation, D. MacKenzie, M.B.C.M.

Place of Abode, Arran.

DATED this 9th day of March One thousand eight hundred and 88.

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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) general practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Monumellon Prison, Kirkcudbright
in the County of
separately from any other Medical Practitioner, visited and personally examined (4) William Mans, Vagrant no fixed residence
and that the said William Mans 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) Has a peculiar facetious demeanour says he is an Honourable that all his friends are Queens and that he was appointed to be Queen of Scotland & Queen of Canada when he was in a house at Arran

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
I am informed by the P.F. that he had the same delusions in Arran when he was of violent & disorderly conduct under these delusions

Name and Medical Designation, A. D. MacDonald

Place of Abode 18 Castle St Dumfries

DATED this 6th day of March One thousand eight hundred and eighty eight

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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) Maxwellbourn Prison in the County of Kirkcudbright, seen and personally examined William Mans, Vagrant, and that the said person is of unsound mind, and 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 9th day of March — One thousand eight hundred and eighty eight

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

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

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Lawson Inspector of Poor Annan, Certificates under the hands of Daniel Mackenzie, 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) William Mans Vagrant, Maxwelltown Prison (a Prisoner) and that the said William Mans — 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 William Mans — 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 which accompanied the said Petition.

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

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. 3773.

William Marrs.

Annan

Admitted 9th March 1888

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

[FORM A]

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

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

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

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

The Petition of Archibald Dempster, Inspector of Poor City Parish Glasgow,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Young, Pauper, from the Royal Infirmary Glasgow, presently chargeable to said 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 Helen Young, Pauper to the Dumfries & Southern Counties Asylum, and to sanction her admission into the said Asylum.

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

(*To be signed by the Party applying*) A. Dempster

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

DATED this 12th (4) day of March, —One thousand eight hundred and 88.

STATEMENT.

If any 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 Young,
2. Sex and Age,	Female, 28 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Warehouse Worker.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	From Glasgow Royal Infirmary.
7. Place where Found and Examined,	~~One month~~ Royal Infirmary, Glasgow.
8. Length of time Insane,	One month
9. Whether First Attack,	Yes, so far as known.
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*],	Not previously so far as known.
12. Duration of Existing Attack,	One month.
13. Supposed Cause,	Unknown.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Unknown.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish Glasgow.
18. Date of becoming Chargeable,	13th March 1888.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Aunt, Mrs Nicholson resides at 13 Dick Street Glasgow or Mrs Edmond, her mother was in City Parochial Asylum in 1886.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this 12th day of March — One thousand eight hundred and 88.

(*To be signed by the Party applying*) A. Dempster

Inspector of Poor, City Parish, 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, Alexander Cameron - Surgeon being a (1) Licentiate of the Royal College of Physicians in 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) No 2 Ward of the Royal Infirmary - Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Helen Young - warehouse girl at present inmate of the Royal Infirmary - pauper and that the said Helen Young is a (5) person insane and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Found her setting sitting - she is not disposed to speak - she says she is a Lost sinner - too late for her - she should not now be living - There is no hope for her - what cause she has for thinking so she refuses to tell -

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Nurse says a Sense days ago she walked backwards and forward the Lobby at great distress, wringing her hands and crying - saying she was a Lost Sinner - she afterwards appeared with a Bible in her hand and was more composed - but has since been silent, and won't speak more than she does - She answers strangely

Name and Medical Designation, Pro D. Wilson
Alex Cameron M.R.C.S.

Place of Abode, 16 Carlton Square Glasgow -

DATED this Twelfth day of March One thousand eight hundred and Eighty Eight -

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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, Geo Buchan M.D. being a (1) Graduate in Medicine of Glasgow Univ and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) No 2 Ward Royal Infirmary Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Helen Young Pauper at present under treatment there and that the said Helen Young 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 been very depressed since her Mother died. Concerned very much about religion. I discovered that to day she had been attempting to cut her throat. She is dangerous to herself

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

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

Name and Medical Designation, Geo Buchan M.D.
House Surgeon Royal Infirmary Glasgow

Place of Abode

DATED this 12th day of March One thousand eight hundred and 88

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Alexander Cameron-Surgeon, being (1) a Licentiate of the Royal ~~[illegible]~~ Ed in Lgh hereby certify, on soul and conscience, that I have this day, at (2) Royal Infirmary Glasgow in the County of Lanark, seen and personally examined Helen Young-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.

Alexd. Cameron CRCP Ed LFPSS.

DATED this Twelth day of March One thousand eight hundred and Eighty Eight.

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

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

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Archibald Dempster Inspector of Poor, City Parish Glasgow, Certificates under the hands of Alexander Cameron and George Buchan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Young, Royal Infirmary, Glasgow (a Pauper) and that the said Helen 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 Young 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 Young, which accompanied the said Petition.

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

David Boyle Hope

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

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

Helen Young.

Glasgow City

Admitted 13 March 1888

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

[FORM A]

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

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

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

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

The Petition of Archibald Dempster, Inspector of Poor City Parish Glasgow, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Stewart, Pauper, ~~your Petitioner's~~ (3) from the Royal Infirmary Glasgow; presently Chargeable to said 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 Margaret Stewart, Pauper, to the Dumfries & Southern Counties Asylum, and to sanction her admission into the said Asylum.

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

(*To be signed by the Party applying*) A Dempster

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

DATED this 12th (4) day of March One thousand eight hundred and 88.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Margaret Stewart.
2. Sex and Age,	Female. 40 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,	From Royal Infirmary, Glasgow.
7. Place where Found and Examined,	Royal Infirmary, Glasgow.
8. Length of time Insane,	9 days.
9. Whether First Attack,	Yes so far as known.
10. Age (if known) on First Attack,	40 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Not previously, so far as known.
12. Duration of Existing Attack,	9 days.
13. Supposed Cause,	Unknown.
14. Whether subject to Epilepsy,	Unknown.
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	Unknown.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish, Glasgow.
18. Date of becoming Chargeable,	13th March 1888.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Stepfather, John Hamilton Church Officer, Cathcart Parish Church.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

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

DATED this 12th day of March One thousand eight hundred and 88.

(*To be signed by the Party applying*) A Dempster P. P.

Inspector of Poor, City Parish, 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, Alexander Cameron - Surgeon being a (1) Licentiate of the Royal College of Physicians in 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) No 22 Ward of the Royal Infirmary - Colasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Margaret H Stewart - Domestic Servant - at present in the Royal Infirmary - Pauper and that the said Margaret H Stewart 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) Found her in bed - under Surgical treatment - she says - she cut her throat and 6 weeks before that she felt all going wrong - and at that date (a week ago) she felt something coming over her which caused her to do what she did - she would not say - what was wrong - if she did wrong or what impeled her - more that it was her "head" -

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Nurse Says - Patient came in with "Cut Throat" - she wont say what caused her to do so - she has attempted to jump out of the window - is strapped down to the bed - and has an attendant always with her -

Name and Medical Designation, } [illegible] Alexr. Cameron LRCP

Place of Abode, 16 Crafton Square - Colasgow -

DATED this Twelfth day of March One thousand eight hundred and Eighty Eight -

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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, Geo Buchan M.D. being a (1) Graduate in Medicine of Glasg [illegible] and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) No 22 Royal Infirmary Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Margaret Stewart - Pauper at present under treatment there and that the said Margaret Stewart 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) For some time she has been very much concerned about her soul and thought she was lost, then began a voice hearer; voices told her to hang but could not do that, then they told her to cut her throat

(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, } Geo Buchan M.D.

Place of Abode House, Town's Hospital

DATED this 12th day of March One thousand eight hundred and 88

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Alexander Cameron. Surgeon being (1) a Licentiate of the Royal College of Physicians Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Glasgow Royal Infirmary in the County of Lanark, seen and personally examined Margaret Stewart - 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.

Alex[r] Cameron - M.R.C.P.Ed. L.R.C.S. -

DATED this Twelfth day of March One thousand eight hundred and Eighty Eight -

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

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

I, David Boyle Hope, (3) Sheriff-Substitute, of the (4) County of Dumfries, having had produced to me, with a Petition at the instance of (5) Archibald Dempster, Inspector of Poor of the Parish Glasgow, Certificates under the hands of Alexander Cameron and George Sinclair, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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) Margaret Stewart, Royal Infirmary Glasgow (7) and that the said Margaret Stewart, is (8) a single 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 Margaret Stewart as a Patient into the (9) 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 Stewart, which accompanied the said Petition.

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

David Boyle Hope

To the Superintendent of the (10) Asylum of Public 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.
(10) Public, District, Parochial, or Private.

Margaret Edwards
City of Glasgow

Admitted 13 March 1888

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

[FORM A]

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

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

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

Unto the Honorable the (1) Sheriff of the (2) County of Lanark and his Substitutes.

The Petition of Andrew Wallace Inspector of Poor Govan Combination humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Samuel Heggie. Southern Police Office Glasgow your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Samuel Heggie 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.

(To be signed by the Party applying) Andr. Wallace

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

DATED this Fifteenth (4) day of March One thousand eight hundred and eighty eight 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 Heggie
2. Sex and Age,	Male. 26 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Carter
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Unknown
7. Place where Found and Examined,	Southern Police Office. Glasgow
8. Length of time Insane,	Unknown
9. Whether First Attack,	No
10. Age (if known) on First Attack,	About 22 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	Was in Morningside Asylum Edinburgh 4 years ago. and transferred to Fife District Asylum
12. Duration of Existing Attack,	Unknown
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,	Govan Combination meantime
18. Date of becoming Chargeable,	15th March 1888
19. Christian Name and Surname, and Place of Abode of nearest known 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 Heggie. pensioner. 68 West Regent Street. Glasgow. brother 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 Fifteenth day of March One thousand eight hundred and eighty eight years.

(To be signed by the Party applying) Andr. 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, John Bonnar
being a (1) M.B. Phys. & Surg. Edin. &c.

and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) The Southern Police Office, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Samuel Hegge, Southern Police Office, Glasgow - a Pauper and that the said Samuel Hegge is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is dull & indolent in his person & habits, will not make any effort to obtain work, but wanders about the Country staring & talking.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) This Brother says he has been wandering about for two years, and is quite destitute, — has been in an Asylum on two occasions.

Name and Medical Designation, John Bonnar M.B.

Place of Abode, 2 Royal Exchange Place

DATED this Fifteenth day of March One thousand eight hundred and Eighty eight 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 V. Wallace
being a (1) L. R. C. S. Edin.

and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Southern Police Office, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Samuel Hegge, Southern Police Office, Glasgow a pauper and that the said Samuel Hegge is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is dull and dejected in appearance and manner will not work, and has lost all interest in himself has a stupid insane look, and will not assign any reason for his way of living

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Was taken up by the Police, who found him wandering about the streets in a stupid and destitute condition. He has been in the Asylum on two former occasions.

Name and Medical Designation, John V. Wallace, L.R.C.S.E.

Place of Abode 47 Caledonia Rd. Govanhill

DATED this Fifteenth day of March One thousand eight hundred and Eighty-eight 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 Davie
being (1) M.D. Glasgow University &c hereby certify, on soul and conscience, that I have this day, at (2) the Southern Police Office,
in the County of Lanark, seen and personally examined Glasgow
Samuel Heggie, and that the said
person is of unsound mind, and 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 Davie M.D.

DATED this Fifteenth day of March One thousand eight hundred and Eighty Eight 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 Davidson Balfour (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Andrew Wallace, Inspector of Poor, Govan Combination Certificates under the hands of John Barrie and John V. 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) Samuel Heggie, Southern Police Office Glasgow Govan and that the said Samuel Heggie is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Samuel Heggie — as a Patient into the Crichton Royal (Asylum) 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 Samuel Heggie which accompanied the said Petition.

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

D D Balfour

To the Superintendent of the ~~Asylum of~~ Crichton Royal Institution at 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.

Samuel Higgie

Govan

Married 15th November 1858

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

[Form A]

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

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

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) ~~County~~ of 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 Isabella Steele, Rigg of Gretna, your Petitioner's (3) Pauper, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isabella Steele to the Southern Counties Asylum Dumfries and to sanction Her admission into the said Asylum.

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

Francis Ker

Dated this 16th (4) day of March — One thousand eight hundred and Eighty Eight 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,	Isabella Steele
2. Sex and Age,	Female Age 28 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,	Presbyterian U.P.
6. Previous Place of Abode,	Rigg Gretna
7. Place where Found and Examined,	Rigg Gretna
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,	No where
12. Duration of Existing Attack,	about 10. 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,	Gretna
18. Date of becoming Chargeable,	15th March 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Steele, Sister, Rigg Gretna & Father William Steele, an inmate of Southern Counties 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 16th day of March, — One thousand eight hundred and 88,

(*To be signed by Party applying*) Francis Ker. Gretna

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

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) Rigg, in the parish of Gretna in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Steele, pauper, Rigg and that the said Isabella Steele is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 much depressed, has a vacant absent look, in conversation is incoherent & hesitating - says she is distressed about something she cannot define.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her sister says Isabella imagines people are planning to harass & persecute the family.

Name and Medical Designation, William Carruthers M.R.C.P.E.

Place of Abode, Kirkpatrick Fleming

DATED this 15th day of March One thousand eight hundred and eighty eight

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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 Baillie Mackean being a (1) Bachelor of Medicine & Master in Sy and being in actual practice as a (2) General Medical practitioner 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) Isabella Steele and that the said Isabella Steele is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Morbid silence morbid sensitiveness & acuteness - incoherent in conversation. -

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Threatens to kill a niece a child - Labours under certain delusions - people wishing to injure her & enter her house & remove her furniture -

by Mr Kerr Inspector of Poor Gretna

Name and Medical Designation, Robert Baillie Mackean

Place of Abode Annan

DATED this 16th day of March One thousand eight hundred and eighty eight -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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:
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
Isabella Steele, , and that the said
person is of unsound mind, and 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 15th day of March —One thousand eight hundred and eighty eight.

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

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

I, David Boyle Hope, (1) Sheriff Substitute,
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Francis Ker
Inspector of Poor Gretna,
Certificates under the hands of William Carruthers LRCPE
and Robert Baillie Maclean, MD, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Isabella Steele, Rigg of Gretna Graper and that the said
Isabella Steele, —is a (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 Steele, 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 Steele, which accompanied the said Petition.

Dated this Seventeenth day of March, One thousand eight hundred and Eighty eight years.

David Boyle Hope

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

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

Isabella Steele

Gretna.

Admitted 17th March 1888

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

[Form A]

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

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

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

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

The Petition of Archibald Dempster, Inspector of Poor, City Parish, Glasgow.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William James Porter, Pauper, Lately of H. M. Prison, Barlinnie, presently chargeable to ~~said Parish~~

(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 William James Porter, — to the Dumfries Royal & Southern Counties Asylum, and to sanction his admission into the said Asylum.

(To be signed by the Party applying) A. Dempster

(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 March, — One thousand eight hundred and 88.

STATEMENT.

If any 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 Porter.
2. Sex and Age,	Male. 27 years.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Ticket Collector.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	H. M. Prison Barlinnie for past 9 months.
7. Place where Found and Examined,	318 Parliamentary Road Glasgow,
8. Length of time Insane,	Unknown.
9. Whether First Attack,	Yes. so far as known.
10. Age (if known) on First Attack,	27 years, so far as known.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Not previously, so far as known.
12. Duration of Existing Attack,	Unknown.
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,	City Parish Glasgow.
18. Date of becoming Chargeable,	20th March 1866.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	His wife Agnes McDougall or Porter resides at Thorkill, Kilbarchan, near Johnstone.
20. Special circumstances (if any) preventing the 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 March — One thousand eight hundred and 88.

(To be signed by the Party applying) A. Dempster

Inspector of Poor, City Parish, 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, Alex Robertson
being a (1) Graduate in Medicine of Glas
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 318 Par
Newton Road, Glasgow in the County of
Lanark, separately from any other Medical Practitioner,
visited and personally examined (4) William James Po
pauper late of General Prison, Perth, and that
the said William James Porter 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 he wa
the world; talks incessantly and in
incoherently; is dangerous.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
He was found to be in
by the Medical officer of Perth Pris
gaol is certified
to by them.

Name and Medical Designation, Alex Robertson,

Place of Abode, 16 Newton Terrace,

DATED this 20th day of March One thousand eight
hundred and 88

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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.D.
being a (1) Graduate in Medicine of Glas 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) William James Porter, Pau
late of H. M. Prison, Perth, and that
the said William James Porter, 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 incoherent
says his head is made of Steel & Iron and
has no brains, can do anything, his belly
full of Dynamite, & pres to hell & heaven as he
pleases, is quite incapable of taking Care
himself

(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, Geo Buchan M.D.

Place of Abode House, Lowis Hospital, Glas

DATED this 20th day of March, One thousand eight
hundred and 88

CERTIFICATE OF EMERGENCY.

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

I, the undersigned Alex Robertson, being (1) a Graduate in Medicine of Glasgow, hereby certify, on soul and conscience, that I have this day, at (2) 318 Parliamentary Road Glasgow, in the County of Lanark, seen and personally examined William James Porter, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Alex Robertson M.D.

DATED this 20th day of March, One thousand eight hundred and 88.

(1) 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) Archibald Dunlop, Inspector of Poor, Eby Parish, Glasgow, Certificates under the hands of Alexander Robertson and George Buchan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Porter, 318 Parliamentary Road Glasgow, (a Pauper) and that the said William James Porter, 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 William James Porter 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 William James Porter, which accompanied the said Petition.

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

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 James Porter
Glasgow City
Admitted 20 March 1888.

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

[FORM A]

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

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

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

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

The Petition of Isabella Macdonald

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Macdonald your Petitioner's (3) Son — now at Saddell St Campbeltown is at present in a state of Mental Derangement, and 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 Macdonald 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.

(To be signed by the Party applying) Isabella Macdonald

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

(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 Macdonald
2. Sex and Age,	Male. 17 yrs
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Clerk
5. Religious Persuasion, so far as known,	Prot
6. Previous Place of Abode,	Saddell St Campbeltown
7. Place where Found and Examined,	Do
8. Length of time Insane,	A few months
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	See No 9.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Not under treatment
12. Duration of Existing Attack,	See No 8
13. Supposed Cause,	Doubtful
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No Doubtful — yes
16. Whether Dangerous to others,	Doubtful — yes
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,	Mother — Isabella Macdonald Saddell St Campbeltown Brother, 2 yrs older, presently in Mother's guidle
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 Twentieth day of March One thousand eight hundred and eighty eight

(To be signed by the Party applying) Isabella Macdonald

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

(5) Lunatic, or an insane person, 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 Gibson
being a (1) M. D. Edinburgh University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Saddell Street
Campbeltown in the County of
Argyll separately from any other Medical Practitioner,
visited and personally examined (4) Alexander Macdonald,
clerk, Saddell Street, Campbeltown and that
the said Alexander Macdonald is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Restless and unsettled going from object to object with no apparent aim. Very badly. and is subject to fits of violence when he will seize any one near him by the throat & knock them down with his fists

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
informed by his mother Mrs Macdonald that on Saturday night he ran away eight miles from home and that yesterday he attacked his sister seizing her by the throat

Name and Medical Designation, William Gibson M.D

Place of Abode, Campbeltown

DATED this 19th day of March One thousand eight
hundred and Eighty Eight

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Francis Taylor
being a (1) M B & C M 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) Saddell St
Campbeltown in the County of
Argyll separately from any other Medical Practitioner,
visited and personally examined (4) Alexander Mc Donald
Clerk Saddell St Campbeltown and that
the said Alexander Mc Donald is a (5) person of
unsound mind and a proper person to be detained
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 pushing the alphabet, trying to ornament an O cover goat with [illegible] when he visits his grounds he gets whisky, but when he has not an [illegible] & then he cannot get drunk. Tried to turn a horse round under N.B this is a horse, he doubts that I am the same, he sometimes imagines me with the prime minister this month he thought I was one of the [illegible] and what the deuce minister do those [illegible] he thought I was the [illegible]

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Informed by Mr Robert Armour his uncle that he imagines he is the Queen, knocked his mother out & sometimes the [illegible] thinks he has been a thousand years in the house [illegible] his amount & the throne that a struggle who was the strongest. struck me on the temple without asking

Name and Medical Designation, Francis Taylor M B C M

Place of Abode Campbeltown

DATED this 19th day of March One thousand eight
hundred and Eighty Eight

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 McDougall Esq: (1) Sheriff Substitute
of the (2) County of Argyll
having had produced to me, with a Petition at the instance of (3) ~~John Stewart~~ Isabella Macdonald
~~Inspector of Poor, Parish of Campbelltown~~
Suddell H Campbelltown
Certificates under the hands of William Gibson M.D.
and Francis Taylor 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) Alexander Macdonald, Suddell H. Campbeltown, Clerk and that the said Alexander Macdonald is a (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 Macdonald 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 Alexander Macdonald which accompanied the said Petition.

DATED this Twentieth day of March One thousand eight hundred and eighty eight

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

D McDougall, S.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.

Alexander MacDonald

Admitted 20 March 1888

9 H 28

[FORM B²]

GENERAL BOARD OF LUNACY
12 MAR 88
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 James Grieve, Inspector of Poor, Moffat — being desirous to transfer Robert Muirman — at present a Patient in Roslynlee Asylum —, and (1) a Pauper lunatic of the Parish of which I am Inspector of Poor — from the said Asylum to the Southern Counties Asylum, Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Robert Muirman 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 Grieve

(2) Inspector of Poor, Parish of Moffat

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

DATED at Moffat — this Tenth day of March One thousand eight hundred and eighty eight —

STATEMENT.

1. Christian Name and Surname of Patient at length,	Robert Muirman —
2. Sex and Age,	Male — 68 years —
3. Married, Single, or Widowed,	Married —
4. Condition of Life, and Previous Occupation (if any),	Plasterer —
5. Religious Persuasion, so far as known,	Protestant —
6. Date of Admission into Asylum,	11th January 1888.
7. Length of time Insane,	One week —
8. Whether first Attack,	Yes —
9. Age (if known) on first Attack,	—
10. Duration of existing Attack,	Not Known —
11. Supposed Cause,	No —
12. Whether subject to Epilepsy,	No —
13. Whether Suicidal,	No —
14. Whether Dangerous to others,	Moffat —
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,	John Muirman — Son Dunbell Eddleston — Mrs Hetherington — High St. Moffat Daughter — Adam Muirman — Surgeon St. Moffat Son

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

(*To be signed by the Applicant*) James Grieve

DATED this Tenth day of March One thousand eight hundred and eighty eight —

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 D.W. D. Cameron
being (1) M.D. (Edin.)
hereby certify that I have this day at (2) Rosslynlee asylum
personally examined Robert Muirman at present a
Patient in said Asylum, and with respect to his Mental State that he is
the subject of dementia with
restlessness intolerance occasional
excitement

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

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.W. D. Cameron

Dated this 8th day of March One thousand eight hundred and 88.

(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) the Inspector of Poor, Moffat
to authorize the transfer of Robert Muirman
from Midlothian District asylum to Brichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Robert Muirman as requested.

John Sibbald Commissioner.

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

(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:—
11th January 1888.

No. 51150
Robert Muirman.
Moffat
Admitted 21 March 1888

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

[FORM A]

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

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

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

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

The Petition of Archibald Dempster, Inspector of Poor, City Parish, Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Buchanan, Pauper, residing ~~your Petitioner's~~ (3) at 4 McAdam's Lane, Garscube Road, Glasgow, presently chargeable to said 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 William Buchanan, Pauper to the Dumfries & 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*) A. Dempster

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

DATED this 23d (4) day of march, — One thousand eight hundred and 88.

STATEMENT.

If any 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 Buchanan.
2. Sex and Age,	Male. 34 years.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Painter.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	4 McAdam's Lane Garscube Road. Glasgow.
7. Place where Found and Examined,	4 McAdam's Lane & 310 Parliamentary Road, Glasgow.
8. Length of time Insane,	2 months.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	34 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	Not previously under treatment.
12. Duration of Existing Attack,	2 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,	City Parish, Glasgow.
18. Date of becoming Chargeable,	23d March 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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, Janet Reid or Buchanan, resides at 4 McAdam's Lane, Garscube Road. Glasgow.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this 22nd day of march — One thousand eight hundred and 88.

(*To be signed by the Party applying*) A Dempster

Inspector of Poor, City Parish, 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, Robert Carr.
being a (1) Graduate in Medicine of Glasgow University & Licentiate of the College of Surgeons Edin.
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 4 Mc Adams Lane, Glasgow & Lanark
in the County of
separately from any other Medical Practitioner, visited and personally examined (4) William Buchanan, Pauper of 4 Mc Adams Lane, Glasgow and that the said William Buchanan is a (5) person of unsound mind — and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He is in a state of deep Melancholy. Says he is ill cannot give any satisfactory account of himself. Is not in a fit state to manage his affairs.

(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 for some months, he is greatly changed in his behaviour & habits. Is restless cannot work & is often violent.

Name and Medical Designation, Robert Carr M.D.

Place of Abode, 330 St Georges Road

DATED this 22nd day of March One thousand eight hundred and 88.

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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
being a (1) Graduate in Medicine of Glasgow University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 318 Parliamentary Road, Glasgow & Lanark
in the County of
separately from any other Medical Practitioner, visited and personally examined (4) William Buchanan, Pauper Lately residing at 4 Mc Adams Lane, Glasgow and that the said William Buchanan, 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 delusions his clothes, because of gas coming through the side door which hurts him & his neighbours does this annoy him. he gets at times very excited at this & is dangerous to those around

(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, Geo Buchan M.D.

Place of Abode House Lunatic Hospital, Glasgow

DATED this 23 day of March One thousand eight hundred and 88

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Robert Orr being (1) Graduate in Medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) 4 McAdam's Lane & Glasgow in the County of Lanark, seen and personally examined William Buchanan, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Robert Orr M.D. Surgeon

DATED this 22nd day of March One thousand eight hundred and 88.

(1) 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) Archibald Dempster, Inspector of Poor City Parish, Glasgow Certificates under the hands of Robert Orr and George Buchanan being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Buchanan, 4 McAdam's Lane, Garscube Road, Glasgow, (a Pauper) and that the said William 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 William Buchanan, 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 Buchanan, which accompanied the said Petition.

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

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 Buchanan

City Parish of Glasgow

Admitted 23 March 1888

9429

[FORM B²]

GENERAL BOARD OF LUNACY 22 MAR 88 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 Alexander Cameron Inspector of Poor of the Parish of Dryfesdale being desirous to transfer Sarah Milligan a Pauper Lunatic of the Parish of which I am Insp. of Poor at present a Patient in the R. E. Asylum Morningside Edinburgh, and (¹) remove the said Sarah Milligan Pauper Lunatic from the said Asylum to the Southern Counties Crichton Asylum Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Sarah 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.

Alex. Cameron, Insp. of Poor Parish of Dryfesdale

² no relationship

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

DATED at Lockerbie this Nineteenth day of March One thousand eight hundred and eighty eight years

STATEMENT.

1. Christian Name and Surname of Patient at length,	Sarah Milligan
2. Sex and Age,	Female, 35 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Dressmaker
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	March Third, Eighteen hundred and eighty eight years
7. Length of time Insane,	From that date
8. Whether first Attack,	First attack
9. Age (if known) on first Attack,	35 years
10. Duration of existing Attack,	Since 3rd inst
11. Supposed Cause,	Hereditary Predisposition
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	Yes. Attempted to cut her throat
14. Whether Dangerous to others,	No.
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Dryfesdale Dumfriesshire
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,	Maria Parker Mother 16 Brougham Street Edinburgh Has a sister stated to be "hysterical".

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

(To be signed by the Applicant) Alex. Cameron, Inspector of Poor Parish of Dryfesdale Lockerbie

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

(2) State Medical Qualification.
(3) 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 Edinburgh Asylum
personally examined Sarah Milligan at present a
Patient in said Asylum, and with respect to her Mental State that she is much
excited & screams violently & will
not answer any questions.

; and with respect to her
Bodily Health and Condition that they are weak.

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

T. S. Clouston M.D.

DATED this 21st day of March, One thousand eight hundred and 88.

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 Poo
Parish of Dryfesdale
to authorize the transfer of Sarah Milligan
from the 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
Sarah Milligan as requested.

John Sibbald *Commissioner.*

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

No 5152.
Sarah Milligan
Dryfesdale
Admitted 21st March 1888

Date of Sheriff's Order:-
5th March 1888.

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

[Form A]

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

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

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

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

The Petition of Archibald Dempster, Inspector of Poor, City Parish Glasgow, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Ewing or Graham, Pauper, ~~your Petitioner's~~ (3) from Camperdown Police Office, Glasgow, presently Chargeable to said 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 Margaret Ewing or Graham to the Dumfries & Southern Counties Asylum and to sanction her admission into the said Asylum.

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

(*To be signed by the Party applying*) A Dempster

(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 88.

STATEMENT.

If any 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 Ewing or Graham.
2. Sex and Age,	Female, 34 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,	From Camperdown Police Office Glasgow.
7. Place where Found and Examined,	318 Parliamentary Road, Glasgow.
8. Length of time Insane,	A few days.
9. Whether First Attack,	Yes so far as known.
10. Age (if known) on First Attack,	34 years, so far as known.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Not previously so far as known.
12. Duration of Existing Attack,	A few days.
13. Supposed Cause,	Unknown.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish Glasgow.
18. Date of becoming Chargeable,	24th March 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Graham, Trimmer on board of Steamer "Mountaineer"
20. Special circumstances (if any) preventing the 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 88.

(*To be signed by the Party applying*) A Dempster

Inspector of Poor, City Parish 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, Alex Robertson
being a (1) Graduate in Medicine of Glasgow Univ
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) Margaret Ewing or Graham Pauper late of Campsdown Police Office Glasgow and that the said Margaret Ewing or Graham is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Hears imaginary voices, talks incoherently, is excitable and would probably be dangerous.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She was brought from Police Office this morning, when she had been taken into custody for violent conduct

Name and Medical Designation, Alex Robertson M.B.

Place of Abode, 16, Newton Terrace, Glasgow

DATED this 24 day of March One thousand eight hundred and 88

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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
being a (1) Graduate in Medicine of Glasg University
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) Margaret Ewing or Graham Pauper, late of Campsdown Police Office, Glasgow and that the said Margaret Ewing or Graham, 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) Is a voice hearer, they tell her to destroy herself, and sometimes puts a spell over her, by something like snuff, to kill her, she was for two days dead but she came out of it, she is dangerous to herself & others

(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, Geo Buchan M.D.

Place of Abode House, Lowis Hospital Glasgow

DATED this 24½ day of March One thousand eight hundred and 88

No 5159

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Alex Robertson being (1) a Graduate in Medicine of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) 3 Parliamentary in the County of Lanark, seen and personally examined Margaret Ewing or Graham, and that the said Road Glasgow person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Alex Robertson, M.D.

DATED this 24 day of March One thousand eight hundred and 88

(1) 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) Archibald Dempster, Inspector of Poor, City Parish, Glasgow. Certificates under the hands of Alexander Robertson, and George Buchan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Ewing or Graham, 318 Parliamentary Road, Glasgow (pauper) and that the said Margaret Ewing or 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 Margaret Ewing or Graham, 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 Ewing or Graham, which accompanied the said Petition.

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

David Boyle Hope

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

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

Margaret Ewing or Graham

City Parish. Glasgow.

Admitted 7th March 1888

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

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

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

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

(3) Insert Name and Designation.

The Petition of (3) Robert McMillan Gardener, Frithbie, Annan,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Catherine McMillan, your Petitioner's (4) ~~Wf~~ Daughter.

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

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

Robt McMillan

(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 March. One thousand eight hundred and 88/-

STATEMENT.

If any 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 McMillan
2. Sex and age,	Female - Thirty three,
3. Married, Single, or Widowed,	Single.
4. Condition of Life and previous Occupation (if any),	Nursery maid -
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	Linnwood House - Dumfries.
7. Place where found and examined,	~~Linnwood House~~ Frithbie, Annan
8. Length of time Insane,	Two Months.
9. Whether First Attack,	Yes "
10. Age (if known) on First Attack,	Thirty three -
11. When and where previously under Examination ~~and treatment,~~	Linnwood house -
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,	"
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	~~Traquan - Maxwelltown~~
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,	Robert McMillan. Frithbie Annan. Father, - No other Member 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 26th day of March. One thousand eight hundred and 88/-

(To be signed by the Party applying) Robert McMillan

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Dudley - Worcester Shire
2. Character of Education,	Protestant
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?	No —
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	His Patients mothers husband is 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 Mother alive & Sister, no death in family
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Not to my knowledge
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Alteration of Conduct
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 derangement of female health.
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Becoming Violent
13. What changes have taken place in his bodily symptoms?	Loosing 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?	Two Months

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, John Pitcairn Mein being (1) Graduate of the University of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Fenwick in the County of Renfrew, seen and personally examined Catherine McMillan, and that the said person is of unsound mind, and 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 Pitcairn Mein M.D.

DATED this 26th day of March One thousand eight hundred and eighty & after.

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

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, John Picken 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) Frithie
Annan in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Catherine McMillan and that
the said Catherine McMillan is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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 all her statements, looking wildly about her & gesticulating. Can obtain not one statement or sentence in full

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Talks of going to Palestine for the benefit of Jews. Repeats her self in incoherent way her Sister

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

Name and Medical Designation, John Picken Muir M B & C

Place of Abode, Annan

DATED this 26th day of March One thousand eight hundred and eighty eight

MEDICAL CERTIFICATE.—No. II.

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) Frithie
Annan in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Catherine McMillan and that
the said Catherine McMillan is a (5) Lunatic
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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) Religious Mania, Incoherence of thought & speech.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She wants to go to the Jews.

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

Name and Medical Designation, D. Mackenzie M.B. & C.M.

Place of Abode, Annan.

DATED this 26th day of March One thousand eight hundred and eighty eight.

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

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

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert McMillan Gardener Frithbie Annan Certificates under the hands of John Picken Muir 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) Robert McMillan Frithbie Annan Petitioner's Daughter and that the said Catherine McMillan is a (5) Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Catherine McMillan 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 Catherine McMillan 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 ninth day of March One thousand eight hundred and eighty eight.

David Boyle Hope

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

No. 6154.

Name, Catherine McMillan

Date of Admission, 26th March 1888

75·118
Glasgow

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

[FORM A]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Archibald Dempster, Inspector of Poor, City Parish Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Edward Henry Broadfield, Pauper, ~~your Petitioner's (3)~~ Inmate of City Poorhouse Glasgow, and presently chargeable to said 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 Edward Henry Broadfield, to the Dumfries 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*) A Dempster

DATED this 28th (4) day of March, One thousand eight hundred and 88.

(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,	Edward Henry Broadfield.
2. Sex and Age,	Male. 61 years.
3. Married, Single, or Widowed,	Widower.
4. Condition of Life, and previous Occupation (if any),	Type founder.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Infirmary Poorhouse, Glasgow for past 13 months.
7. Place where Found and Examined,	City Poorhouse Glasgow.
8. Length of time Insane,	A few days.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	61 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Not previously under treatment.
12. Duration of Existing Attack,	A few days.
13. Supposed Cause,	Unknown.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish Glasgow,
18. Date of becoming Chargeable,	28th March 1888.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Daughter, Mrs Wilson, resides at No 181 Stirling Road Glasgow.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this 28th day of March — One thousand eight hundred and 88.

(*To be signed by the Party applying*) A Dempster

P.P.

Inspector of Poor, City Parish, 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, 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 City poorhouse, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Edward Henry Broadfield pauper, a mate of City poorhouse and that the said Edward Henry Broadfield 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 imagine is a galvanic battery about led and that he is setting shocks from it. Caught my hand in one the shock might go through me. Is noisy and [illegible] age

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He sometimes cries out at the [illegible] his voice so as to attract people from the [illegible] He is so unmanageable that he requires to be tied in bed. Information from nurse of ward

Name and Medical Designation, Alex Robertson,

Place of Abode, 16, Newton Terrace, [illegible]

DATED this 28 day of March — One thousand eight hundred and 88 —

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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 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) No 2 Ward Town's Hospital, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Edward Henry Broadfield pauper, a patient thereof and that the said Edward Henry Broadfield, 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) Thinks he is charged with electricity and that they want to kill him in that way will sometimes implore on me to take it from &c

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Nurse tells me he got very excited this forenoon &c

Name and Medical Designation, Geo Buchan M.D.

Place of Abode House, Town's Hospital, Glasgow

DATED this 28th day of March One thousand eight hundred and 88

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Alex Robertson
being (1) a Graduate in Medicine of Glasgow
hereby certify, on soul and conscience, that I have this day, at (2) the City Poorhouse, Glasgow
in the County of Lanark, seen and personally examined
Edward Henry Broadfield, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

Alex Robertson M.D

DATED this 28th day of March One thousand eight hundred and 88.

(1) 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) Archibald Dempster Inspector of Poor City Parish Glasgow,
Certificates under the hands of Alexander Robertson
and George Buchan, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Henry Broadfield City Poorhouse Glasgow a Pauper and that the said
Edward Henry Broadfield 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 Edward Henry Broadfield 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 Edward Henry Broadfield, which accompanied the said Petition.

DATED this twenty-ninth day of March, One thousand eight hundred and eighty eight.

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.

Edward Henry Broadfoot

City Parish. Glasgow.

Admitted 28th March 1888

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

[Form A]

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

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

Sheriff or Steward. Shire or Stewartry.

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

The Petition of James Gibson, Inspector of Poor, Perrick,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Monaghan,

(2) State degree of relationship or other capacity in which Petitioner stands 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 John Monaghan, to the Southern Counties Asylum, and to sanction his admission into the said Asylum.

James Gibson

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

Dated this Twenty sixth (3) day of March, One thousand eight hundred and eighty eight.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	John Monaghan
2. Sex and Age,	Male. 40 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, Kirkcudbright
7. Place where Found and Examined,	Holehouse. Perrick.
8. Length of time Insane,	Nine Months
9. Whether First Attack,	Not first attack
10. Age (if known) on First Attack,	36 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Nine months
12. Duration of Existing Attack,	Cause not known
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	~~Kirkmaiden~~ Perrick.
18. Date of becoming Chargeable,	20th March 1888 -
19. Christian Name and Surname, and Place of Abode of nearest known 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 Monaghan, Father Newton Stewart. 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 Twenty sixth day of March, One thousand eight hundred and eighty-eight.

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

P p

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Wm Johnstone ——— being a (1) Graduate of the Edinr. 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) Holl house Parish of Rerrick, ——— in the County of Kirkcudbright ——— separately from any other Medical Practitioner visited and personally examined (4) John Monaghan. pauper, Holl house - Rerrick, ——— and the said John Monaghan, ——— is a (5) person of unsound mind, ——— and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) From delusion regarding his daughter as well as from his dirty habits &c. —

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) ~~Has~~ His Daughter informs me that he has repeated threatened to do any with her (Kill her as she unwell) Must he has not changed his clothes for some [illegible] and will live on bread and water alone &c.

Name and Medical Designation, Wm Johnstone [illegible]

Place of Abode, Kirkcudbright

DATED this Twenty second day of March, — One thousand [illegible] hundred and Eighty Eight.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, John MacMyn, ——— being a (1) Bachelor of Medicine and Master in Surgery of the University of Edinburgh, ——— and being in actual practice as a (2) Physician and Surgeon, ——— hereby certify, on soul and conscience, that I have this day, at (3) Holehouse Rerrick, ——— in the County of Kirkcudbright, ——— separately from any other Medical Practitioner visited and personally examined (4) John Monaghan, pauper, Holehouse, Rerrick Kirkcudbright, ——— and the said John Monaghan, ——— is a (5) person of unsound mind ——— and a proper person to be detained under Care and Treatment, 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 proper food. Will not work, which be used to be a good and willing worker.

(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 wore the same clothes night and day since June 1887 till now and that he threatened to do for his daughter some day, which I took to mean that he threatened his daughter's life

Name and Medical Designation, John MacMyn M.B. [illegible]

Place of Abode Kirkcudbright

DATED this twenty-third day of March One thousand [illegible] hundred and eighty-eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Gibson, Inspector of Poor, Rerrick, Kirkcudbright,
Certificates under the hands of William Johnstone
and John MacMyn, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Monaghan Holehouse, Rerrick, (a Cantor) 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 Twenty eighth day of March, One thousand eight hundred and eighty eight.

David Boyle Hope

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

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

John Monaghan.

Perrick.

Admitted 29 March 1888.

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) Lothian & Peebles *and his Substitutes,*—

(3) Lord Name and Designation.

The Petition of (3) Andrew A Grant, 31 Panmure Place Edinr, humbly showeth that it appears from the subjoined Statement and accompanying Medical Certificates, that Eliza Jane Grant your Petitioner's (4) daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Eliza Jane Grant to the Royal Edinburgh Asylum for the Insane, and to sanction her admission into the said Asylum.

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

X Andrew A Grant

(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 March One thousand eight hundred and eighty eight

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Eliza Jane Grant
2. Sex and Age,	Female 21 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Assistant Librarian
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	31 Panmure Place Edinburgh
7. Place where Found and Examined,	" " " " "
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,	Thinks her life ruined on account of having lost a tooth
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	Threatens her life
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,	Fathers name Andrew A. Grant 31 Panmure Place Edinburgh. Father's Brother
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

Revised

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

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

(*To be signed by the Party applying*) Andrew A Grant

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, George Mackay M.B.
being (1) a Graduate of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) 21 Panmure Place Edinburgh
in the County of Midlothian, seen and personally examined
Eliza Jane Grant, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

George Mackay MB. F.R.C.S.E.

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

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

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) Andrew A Grant, Baker, Panmure Place, Edinr

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Eliza Jane Grant

(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 Eliza Jane Grant to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Andrew A Grant 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 April One thousand eight hundred and eighty eight

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Eliza Jane Grant
2. Sex and age,	21 years
3. Married, Single, or Widowed,	Single.
4. Condition of Life and previous Occupation (if any),	Assistant Librarian
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	31 Panmure Pl. Edinr
7. Place where found and examined,	" "
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,	Not Exactly Known
13. Supposed Cause,	" " "
14. Whether subject to Epilepsy,	Threatens to Kill herself
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,	Fathers Name Andrew A. Grant 31 Panmure Place Edinr Fathers 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 second day of April One thousand eight hundred and eighty eight

(To be signed by the Party applying). Andrew A Grant X

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Stirling
2. Character of Education,	Plain
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful & Frank
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady & Industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	One Uncle 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?	One Brother died of Scarlet all healthy
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.?	Depressed & fancies her mind on account of having a tooth
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, pain in head, irregular in motions
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	gradually became more violent & brooding over her supposed
13. What changes have taken place in his bodily symptoms?	No particular change
14. Is he dirty, destructive, untidy, or obscene?	No
15. Has he threatened or attempted violence to himself? If so, in what way?	yes threatens to drown herself sometimes lays the knife to her throat
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, George Mackay M.B. &c being (1) Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 31 Panmure Place in the County of Midlothian, seen and personally examined Eliza Jane Grant, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

George Mackay M.B. F.R.S.E.

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

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

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, George Mackay M.B. &c —
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day at (3) 31 Panmure Place Edinburgh in the County of Midlothian separately from any other Medical Practitioner, visited and personally examined (4) Eliza Jane Grant, Spinster and that the said Eliza Jane Grant 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 is distraught, excited, constantly crying, groaning, & full of a delusion that the loss of a tooth has ruined her life. Her memory is defective, & she hesitates in her answers, her thoughts being evidently concentrated on her imaginary woes.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her mother tells me that for days & nights past she has been up & down, sobbing & crying over this delusion, stamping about the house, her person & apparel in disorder. She also frequently threatens her life.

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

Name and Medical Designation, George Mackay M.B. F.R.C.S.E.

Place of Abode, Lochrin House, Gilmore Place Edinburgh

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

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, David Menzies M.B. W.C.S.Ed —
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) 31 Panmure Pl Edinburgh in the County of Midlothian separately from any other Medical Practitioner, visited and personally examined (4) Eliza Jane Grant Spinster of 31 Panmure Pl and that the said Eliza Jane Grant is a (5) Person of Unsound Mind 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 goes about the house sobbing & crying & when asked what is the matter, says she lost a tooth 2 years ago & that she can never be happy again & that she is ruined, her memory is defective, & did not remember her name & is dull & depressed

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her mother tells me that she has been in low spirits for some time & would sit in a dark room all alone & is constantly crying out about the loss of a tooth she does not keep well wishes to go out thoughts the night & has threatened to take Poison

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

Name and Medical Designation, D. Menzies M.B. W.C.S.E.

Place of Abode, 21 Rutland Square

DATED this Fourth Month day of March One thousand eight hundred and Eighty Eight

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) Andrew A. Grant, Baker, Fanmure Place, Edinburgh Certificates under the hands of George Mackay, and David 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) Eliza Jane Grant 31 Fanmure Terrace, Edinburgh (Petitioners Daughter) and that the said Eliza Jane Grant 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 Eliza Jane Grant 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 Eliza Jane Grant which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

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

David Boyle Hope

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

Name, Eliza Jane Grant

Date of Admission, 30 March 1888

No. 5157

9438

[FORM B²]

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

GENERAL BOARD OF LUNACY 28 MAR 88 SCOTLAND

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

I, the undersigned Peter Stewart,
being desirous to transfer Janet Stewart,
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, ~~Southern Counties Asylum~~, Dumfries, hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Janet Stewart, 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.

Peter Stewart

(²) Brother

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

DATED at Edinburgh this 27th day of March One thousand eight hundred and 88

STATEMENT.

1. Christian Name and Surname of Patient at length,	Janet Stewart
2. Sex and Age,	Female - age 51 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Teacher
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	9 May 1887
7. Length of time Insane,	one year & 10 months
8. Whether first Attack,	Yes
9. Age (if known) on first Attack,	49 years
10. Duration of existing Attack,	one year & 10 months
11. Supposed Cause,	Unknown
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	No
14. Whether Dangerous to others,	Might be
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,	Peter Stewart, 6 Dixon Street, Glasgow, Brother. None known

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

(*To be signed by the Applicant*) Peter Stewart

DATED this 27th day of March One thousand eight hundred and 88.

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 Ed[illegible] hereby certify that I have this day at (2) the Royal Edinr Asy[illegible] personally examined Janet Stewart at present Patient in said Asylum, and with respect to his Mental State that she is full of delusions of suspicion which makes her scold & swear whenever is spoken to

; and with respect to [illegible] Bodily Health and Condition that the are average thoughts she is [illegible] then.

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 [illegible]

DATED this 27th day of March, One thousand eig[illegible] hundred and 88.

(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.)

The foregoing Application having been made to the Board to authorize the transfer Janet Stewart from the Royal Edinburgh asylum to the Royal Dumfries asylum, and the Board having considered such application [illegible] the accompanying Medical Certificate, do hereby authorize the transfer, within fourte[illegible] days from the date hereof, of the said patient as requested.

John Sibbald Commissioner.

DATED at Edinburgh, this 28th day of March O[illegible] thousand eight hundred and eighty-eight.

Date of Sheriff's Order.

10th May 1887.

No. 5158.
Janet Stewart
Admitted 31st March 1888

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

[FORM A]

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

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

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

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

The Petition of William French, farmer, Rosedale Torthorwald

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth French, Rosedale Torthorwald, 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 Elizabeth French to the Crichton Royal Institution 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 French

DATED this Thirty first (*) day of March One thousand eight hundred and eighty eight 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,	Elizabeth French
2. Sex and Age,	Female, 40yrs.
3. Married, Single, or Widowed,	single.
4. Condition of Life, and previous Occupation (if any),	Housework.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	~~Rose~~ Hutton
7. Place where Found and Examined,	Rosedale - Torthorwald
8. Length of time Insane,	5 days
9. Whether First Attack,	Second
10. Age (if known) on First Attack,	about 34 yrs
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Crichton Royal Institution Dumfries
12. Duration of Existing Attack,	5 days
13. Supposed Cause,	Death of a friend.
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,	Wm French (Father) Rosedale. Torthorwald.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

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

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

(To be signed by the Party applying) William French

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 Colleges of St Andrews and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Rosedale Carthagrald in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Elizabeth French and that the said Elizabeth 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) Talks incoherently Is quite insane and incomprehensible to what she declares of people and things &c &c

(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 and that she has been threatening her father with the poker

Name and Medical Designation, } W Marshall M D &c

Place of Abode, 27 Buccleuch St Dumfries

DATED this 31st day of March One thousand eight hundred and Eighty eight 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 do 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) Elizabeth French and that the said Elizabeth 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) Is very restless and excitable continually moving about dancing & Talks incoherently — cannot answer questions correctly

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) ~~The~~ Dr Black says she is violent and dispo and she has several delusions mistaking him for her brother. Tears her clothes and refuses her food

Name and Medical Designation, } Richard B. Lorraine M B C M

Place of Abode 16 Castle St Dumfries

DATED this thirty first day of March One thousand eight hundred and eighty eight 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 of St Andrews being (1) a Graduate of the Faculty of Physicians & Surgeons Glasgow & Colleges hereby certify, on soul and conscience, that I have this day, at (2) Rosedale Torthorwald in the County of Dumfries, seen and personally examined Elizabeth French, and that the said person is of unsound mind, and 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 31st day of March One thousand eight hundred and eighty eight 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 French Farmer Rosedale Torthorwald 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) Elizabeth French Rosedale Torthorwald Petitioners Daughter and that the said Elizabeth 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 Elizabeth French 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 French which accompanied the said Petition.

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

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.

Cajaban Trinen

Admitted 31 March 1888

9431

[FORM B²]

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

GENERAL BOARD OF LUNACY 23 MAR 88 SCOTLAND

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

I the undersigned Patrick Rattray, C.A. Glasgow - 45 West Nile Street being desirous to transfer Margaret Graham Mills now present a Patient in the Royal Dumfries Asylum, and (*) 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 Margaret Graham Mills and a Medical Certificate with respect to her mental and bodily condition.

Patrick Rattray

(*) Curator Bonis

(*) *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.

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

DATED at Glasgow this 16th day of March One thousand eight hundred and eighty eight

STATEMENT.

Christian Name and Surname of Patient at length,	Margaret Graham Mills
Sex and Age,	Female, 38 years
Married, Single, or Widowed,	Single
Condition of Life, and Previous Occupation (if any),	Lady -
Religious Persuasion, so far as known,	Protestant
Date of Admission into Asylum,	March 11. 1887
Length of time Insane,	13 months
Whether first Attack,	Yes
Age (if known) on first Attack,	30 years
Duration of existing Attack,	13 months
Supposed Cause,	Unknown
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	No
Parish to which the Lunatic (if a Pauper) is Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of her Family known to be, or to have been Insane,	Sister - Mrs Lucie Stoner 16 Kew Terrace Glasgow - Unknown

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

(*To be signed by the Applicant*) Patrick Rattray 45 West Nile Street

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

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 Royal College of Physicians hereby certify that I have this day at (2) the Royal Edin. Asylum personally examined Margaret Graham Mills at present Patient in said Asylum, and with respect to his Mental State that she is [illegible] in speech restless, noisy at times but memory is much impaired. She states she has been here for four years which is a delusion; and with respect to Bodily Health and Condition that they are average

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

DATED this 17th day of March One thousand eight hundred and 88.

SANCTION BY THE BOARD OF LUNACY.

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

The foregoing Application having been made to the Board to authorize the transfer of Margaret Graham Mills from the Royal Edinburgh Asylum to the Crichton Royal Institution, Dumfries, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within four days from the date hereof, of the said patient as requested.

John Sibbald Commissioner

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

Date of Sheriff's Order.

14th March 1887.

Dr Clouston, Hipperlinn House Drumsheide Place

Margaret Graham Mills Admitted 31st March 1887

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Shire~~
of Dumfries ~~Kirkcudbright~~ *and his Substitutes,—*

The Petition of Mrs Eliz.th 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.

(To be signed by the Party applying) Elizabeth 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 April, One thousand eight hundred and eighty eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Edward Kerr.
2. Sex and Age,	Male. 23 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,	Burnside Kirkmahoe. Dumfriesshire,
7. Place where Found and Examined,	Barshaw Kirkpatrick Juxta. Dumfriesshire
8. Length of time Insane,	4 days.
9. Whether First Attack,	No
10. Age (if known) on First Attack,	19 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Southern Counties Asylum. Dumfries.
12. Duration of Existing Attack,	4 days.
13. Supposed Cause,	Not known.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	rather 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,	Elizabeth Kerr. Burnside, Kirkmahoe. Dumfriesshire. Mother. No.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated

DATED this 14th day of April, One thousand eight hundred and eighty eight.

(To be signed by the Party applying) Elizabeth 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, James Munro ——— being a (1) Member of the Royal College of Physicians & Incentiate of the Royal College of Surgeons Edinr ——— and being in actual practice as a (2) Physician & Surgeon ——— do hereby certify, on soul and conscience, that I have this day, at (3) Earshag Parish of Kirkpatrick Juxta ——— in the County of Dumfries ——— separately from any other Medical Practitioner, visited and personally examined (4) Edward Kerr. Earshag Kirkpatrick Juxta, ——— and that the said Edward Kerr ——— is a (5) an insane person ——— and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Shouting and quoting scripture in a loud rambling way. Requiring restraint to prevent him self hurting him self or others, swearing and great excitement

(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 refusing to take food

Name and Medical Designation, James Munro. M.D. L.R.C.

Place of Abode, Moffat

DATED this 4th day of April, ——— One thousand eight hundred and eightyeight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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'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 ——— do hereby certify, on soul and conscience, that I have this day, at (3) Earshay in the Parish of Kirkpatrick Juxtam ——— in the County of Dumfries, ——— separately from any other Medical Practitioner, visited and personally examined (4) Edward Kerr, Earshay, Kirkpatrick Juxta ——— 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)
Talking with out any sense, wandering from one subject to another. Abusive language, quoting scripture and language not scriptural. Excitement and requiring restraint. Spitting. Muscular tremor & excited eyes.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Refusal to take food. Rambling talk, unrelated language & preaching.

Name and Medical Designation, Wm D'Oyly Grange M.D.

Place of Abode Moffat

DATED this fourth ——— day of April ——— One thousand eight hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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) Earshag 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.

James Munro M.D. L.R.C.S. Edin

DATED this 4th day of April One thousand eight hundred and eighty eight.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Jardine Maxwell (3) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (5) Mrs Elizabeth Kerr, Burnside, Kirkmahoe, Dumfries, Certificates under the hands of James Munro 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) Edward Kerr Farmer Earshag Kirkpatrick Juxta (Petitioner's son) and that the said Edward Kerr 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 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 Fifth day of April, One thousand eight hundred and eighty eight.

W. J. Maxwell

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

Admitted April 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Lanark and his Substitutes,—

The Petition of Andrew Wallace, Inspector of Poor, Govan Combination Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Peter McKaren 27 Cross St Partick 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 Peter McKaren 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.

(To be signed by the Party applying) Andw Wallace

(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 April One thousand eight hundred and eighty eight years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Peter McKaren
2. Sex and Age,	Male Aged 43 Years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Ship Wright
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	27 Cross St Partick
7. Place where Found and Examined,	27 Cross St Partick
8. Length of time Insane,	about a Week
9. Whether First Attack,	First
10. Age (if known) on First Attack,	43 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
12. Duration of Existing Attack,	about a Week
13. Supposed Cause,	Sun Stroke
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,	Govan Combination
18. Date of becoming Chargeable,	Sixth of April 1888
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Helen Kennedy or McKaren 27 Cross St Partick 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 Sixth day of April One thousand eight hundred and eighty eight years

(To be signed by the Party applying) Andw Wallace

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, Gilbert Campbell being a (1) M.B. Glasg: Univ: L.R.C.P.S.E. & L.F.P.S. Glasg: and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 27 Cross St. Partick in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Peter Mc Laren (Pauper) and that the said Peter Mc Laren is a (5) person of unsound mind and a proper Person to be detained 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 wanders in his talk from one subject to another, is very flighty, one moment laughing and the next crying. He complains of constant pains in the head

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

His wife says that a night or two ago he cried the whole night through thinking he was going to be hanged. Last night he said he was in a dark dungeon utterly forsaken of God and given over to the devil.

Name and Medical Designation, Sic: Campbell M.B.

Place of Abode, 2 Hamilton Crescent Partick

DATED this Sixth day of April One thousand eight hundred and Eighty eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Kirk being a (1) M.D., of Edinburgh Universities and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 27 Cross St. Partick in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Peter M Laren (Pauper) and that the said Peter M Laren is a (5) person of unsound mind and a proper person to be detained 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, stupid look; he has delusions; as that God has forsaken him and that he is in a dungeon and soon to be hanged.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

His wife says he is quite stupid and unable to look after himself

Name and Medical Designation, Robert Kirk M.D.

Place of Abode Partick

DATED this Sixth day of April One thousand eight hundred and Eighty ~~eight~~

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Gilbert Campbell
being (1) M.B. Glasgow. L.R.C.P.Ed. & L.R.C.P.S. Glasg.
hereby certify, on soul and conscience, that I have this day, at (2) Partick
in the County of Lanark, seen and personally examined
Peter McLaren (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.

Gil: Campbell M.B.

Dated this Sixth day of April One thousand eight hundred and Eighty Eight

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Walter Cook Spens (3) Sheriff Substitute
of the (4) County of Lanarkh
having had produced to me with a Petition at the instance of (5) Murdow Wallace
Inspector of Poor Govan Combination Glasgow
Certificates under the hands of Gilbert Campbell
and Robert Kirk, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6)
Peter McLaren 24 Crofs St Partick Pauper and that the said
Peter McLaren is a (7) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Peter McLaren as a Patient into the (8) 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 Peter McLaren which accompanied the said Petition.

Dated this Sixth day of April One thousand eight hundred and eighty eight

Walter C. Spens

To the Superintendent of the (9) ~~Asylum~~ 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.

Peter M Larkin,

Govan.

Admitted 6th April 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

{Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (*). Sheriff ~~of the (*)~~ Shire of Dumfries Galloway *and his Substitutes,*—

The Petition of William Jorrard, Assistant Inspector of Poor City Parish Glasgow,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Thomson, Pauper, residing at 27 Millroad Street, Glasgow, presently

(*) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

~~your Petitioner's~~ (*) Chargable to said 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 James Thomson, Pauper, — to the Dumfries Royal & Southern Counties Asylum, and to sanction his admission into the said Asylum.

William Jorrard

DATED this 7th day of April — One thousand eight hundred and 88.

(*) 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 Thomson.
2. Sex and Age,	20. Male.
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,	27 Millroad Street Glasgow.
7. Place where Found and Examined,	27 Millroad Street Glasgow. & 318 Parliamentary Road Glasgow
8. Length of time Insane,	3 weeks.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	20 years.
11. When and where previously under Examination and Treatment,	Not previously under treatment.
12. Duration of Existing Attack,	3 weeks.
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,	City Parish Glasgow.
18. Date of becoming Chargeable,	7 April 1888.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mother Mrs Brown resides at 27 Millroad Street Glasgow.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 7th day of April, — One thousand eight hundred and 88.

(*To be signed by Party applying*) William Jorrard

P. P.

Assistant Inspector of Poor City Parish, 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, James Smellie
being a (1) Medical Graduate of Glasgow Univ.
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 27 Hillrow Glasgow in the County of Lanark separately from any other Medical Practitioner visited and personally examined (4) James Thomson, pauper 27 Hillrow St. Glasgow and that the said James Thomson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

He says people are often throwing needles at him — imagines people are speaking of him at him & that Nuns are visiting him to start his business

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

His Mother says at times he is very excited & [illegible] & imagines that people are flinging things at him & striking him looking at him thro' holes in the wall & poison is put in his food.

Name and Medical Designation, James Smellie M.D.

Place of Abode, 198 Duke St. Glasgow

DATED this 7th day of April One thousand eight hundred and 88.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 University
and being in actual practice as a (2) Physician
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) James Thomson, pauper 27 Hillrow St. Glasgow and that the said James Thomson is a (5) lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He hears imaginary voices; imagines that people are constant throwing needles at him on the streets; [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

He roars excitedly; imagines poison is put into his food. Information from mother.

Name and Medical Designation, Alex Robertson, M.D.

Place of Abode 16 Newton Terrace, Glasgow

DATED this 7 day of April One thousand eight hundred and 88

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Smellie
being (1) a Medical Graduate of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) 27 Millbrae St., Glasgow
in the County of Renfrew, seen and personally examined
James Thomson, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Smellie, M.D.

Dated this 7th day of April, One thousand eight hundred and 88.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Norman Macpherson (1) Sheriff
of the (2) Dumfries and Galloway
having had produced to me, with a Petition at the instance of (3) William Howard,
Assistant Inspector of Poor, City Parish, Glasgow,
Certificates under the hands of James Smellie
and Alexander Robertson, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Thomson, Stanton, 27 Millbrae Street, Glasgow, and that the said James 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 James Thomson 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 James Thomson, which accompanied the said Petition.

Dated this Twelfth day of April, One thousand eight hundred and eighty eight.

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.

City of Glasgow

Admitted 7 April 1888

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway at Dumfries and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) John Briscoe, 57 Wellclose Terrace, Leeds, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Abraham England Briscoe, 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 Abraham England Briscoe, 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 Briscoe

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this ninth (5) day of April, One thousand eight hundred and eighty eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Abraham England Briscoe.
2. Sex and age,	Male, 61 years -
3. Married, Single, or Widowed,	Married -
4. Condition of Life and previous Occupation (if any),	Farmer.
5. Religious Persuasion, so far as known,	Church of England.
6. Previous place of abode,	Austwick, Clapham. Lancaster & Catterly
7. Place where found and examined,	Starbotton - Skipton - Castle street Dumfries & Crichton Institution.
8. Length of time Insane,	two months
9. Whether First Attack,	No - had an attack ten months ago
10. Age (if known) on First Attack,	61
11. When and where previously under Examination and treatment,	Starbotton, Skipton -
12. Duration of Existing Attack,	two months at least
13. Supposed Cause,	An illassorted marriage.
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,	John Briscoe 57 Wellclose Terrace - Leeds Brother - Two Second Cousins - girls - twins - insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this ninth day of April, One thousand eight hundred and eighty eight.

(To be signed by the Party applying) John Briscoe

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - - -
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane? - - -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, James Hunter Dyson ——,
being (1) L.R.C.P. Edinr. ——,
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries
in the County of Dumfries, ——, seen and personally examined
Abraham England Brear, ——, and that the said person is of unsound mind, and 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 Dyson M.R.C.P.

DATED this 7th day of April One thousand eight hundred and 89 years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Alexander Duce 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) Crichton Royal Institution, Dumfries, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Abraham England Briscoe Retired Farmer Starbotton Skipton Yorkshire and that the said Abraham England Briscoe is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) is very restless & excitable muttering to himself quite incoherently & unintelligibly

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, A D MacDonald MD

Place of Abode, 18 Castle St Dumfries

DATED this Ninth day of April, One thousand eight hundred and eighty eight.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Hunter Dryden, being a (1) Licentiate of the Royal College of Physicians of Edinburgh and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) 26 Castle Street, Dumfries, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Abraham England Briscoe, of Starbotton, Skipton, Yorkshire, and that the said is a (5) person of unsound mind, and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) He is excited and exceedingly restless. He cannot remain still, and he chatters incessantly. His speech is rambling & incoherent, and he cannot give any account of himself.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) *State the Facts.*
(7) *State the Information, and from whom derived.*

Name and Medical Designation, J Hunter Dryden LRCPE

Place of Abode, 26 Castle Street, Dfs,

DATED this 7th day of April, One thousand eight hundred and 88 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, Norman Macpherson, (1) Sheriff of Dumfries and Galloway, having had produced to me, with a Petition at the instance of (3) John Briscoe 57 Wellclose Terrace, Leeds, Certificates under the hands of Alexander Dall MacDonald and James Hunter Dryden —, 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] England Briscoe, Farmer Harbotton, Shipton Octus [illegible] and that the s[illegible] Abraham England Briscoe, 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 Abraham England Briscoe as a Patient into t[illegible] Crichton Royal Institution for the Insane at Dumfries, and I authorize his — Transmission to the said Asylum accordingly; and I transmit you herewith the s[illegible] Medical Certificates, and a Statement regarding the said 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 April, One thousand eig[illegible] hundred and eighty eight.

Norman Macpherson

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Abraham England Briscoe

Date of Admission, 7 April 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) 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, Troqueer.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Hall Kemp. —

(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 Hall Kemp, — to the Southern Counties Asylum, and to sanction his admission into the said Asylum.

(*To be signed by the Party applying*) John Maxwell —

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Sixth (4) day of April, — One thousand eight hundred and eighty eight 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 Hall Kemp.
2. Sex and Age,	Male. 27½ years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Working class. Ladies Corset maker.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	Prison. Maxwelltown
8. Length of time Insane,	about 60 Days. 10 Days ~~of that time~~ in Asylum before
9. Whether First Attack,	Second ~~First~~ attack
10. Age (if known) on First Attack,	27½ years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	Southern Counties Asylum Dumfries about 10 Days.
12. Duration of Existing Attack,	About 60 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,	Troqueer in the first instance, settlement suspected to be either Ayr. or Tobago
18. Date of becoming Chargeable,	9th april. 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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 dead, mother resides at 105 Paterson Street. Ht Paisley Road. Glasgow. her name is Jane Hall or Kemp.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowlelge, the above particulars are correctly stated.

DATED this Sixth day of April, — One thousand eight hundred and eighty eight Years.

(*To be signed by the Party applying*) John Maxwell
Inspector 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, Patrick McMurray
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) The Prison Maguillstown in the County of Rathendbright separately from any other Medical Practitioner, visited and personally examined (4) James Hall Kemp, in the Prison and that the said James Hall Kemp is a (5) person of unsound mind and a proper Person to be detained 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 rambling and incoherent in conversation. He when with Asylum he had trouble with the attendants jumping on his bed & was violent

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The Governor of the Prison informs me that he keeps person comes a part of the night

Name and Medical Designation, P. McMurray M.D.

Place of Abode, Castle St Dempsie

DATED this 6th day of April — One thousand eight hundred and 88.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 (2) Licentiate of the Royal College of Physicians & Surgeons Edinburgh & Lond
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) The Prison Maguillstown, Drogheen in the County of Rathendbright separately from any other Medical Practitioner, visited and personally examined (4) James Hall Kemp, prisoner The Prison, Maguillstown. and that the said James Hall Kemp is a (5) person of unsound mind and a proper person to be detained 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 facial expression indicates mental disorder. He is very excitable in conversation & has delusions

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The Governor of the Prison informs me that he was almost the whole night & has been so engaged is highly excitable

Name and Medical Designation, John Cunningham M.B.

Place of Abode Dempsie

DATED this Eighteenth day of April, One thousand eight hundred and Eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 (1) 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 Patrick M. Murray and John Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Hall Kemp, Maxwelltown Prison (a Pauper) and that the said James Hall Kemp, is a (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 Hall Kemp 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 Hall Kemp, which accompanied the said Petition.

DATED this Seventh day of April, One thousand eight hundred and eighty eight.

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.

Troqueer

Admitted 9 April 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honorable the (1) Sheriff *of the* (2) County *of* Lanark *and his Substitutes,*

The Petition of Andrew Wallace Inspector of Poor Govan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Rebecca Stewart 380 Rutherglen Road Glasgow 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 Rebecca Stewart 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) Andr. Wallace

(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 eight eight 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 Stewart
2. Sex and Age,	female 26 years
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	domestic servant or millwinder
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	380 Rutherglen Road Glasgow
7. Place where Found and Examined,	do 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 [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	None
12. Duration of Existing Attack,	a few days
13. Supposed Cause,	unknown, naturally nervous
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Unknown
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Govan Combn
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	mother Mary Stewart or Stewart with whom she resides at above address None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Ninth day of April One thousand eight hundred and eight eight years

To be signed by the Party applying) Andr. 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, John V. Wallace being a (1) L. R. C. S. Edin

and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 380 Rutherglen Road, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Rebecca Stewart, 380 Rutherglen Road, Glasgow — a pauper and that the said Rebecca Stewart is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She is very nervous and excited, talking in[illegible] and incoherently, swearing and blaspheming, [illegible] outrageous and violent, requiring to be tied. Quite unmanageable

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her mother and brother say that she has been [illegible] this state for some days. Carnal sleep or et[illegible]

Name and Medical Designation, John V. Wallace, L. R. [illegible]

Place of Abode, 47 Calder Street, Gwan[illegible]

DATED this Seventh day of April One thousand eight hundred and Eighty-eight 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 Bannit being a (1) M.D. Glasgow University &c.

and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 380 Rutherglen Road Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Rebecca Stewart, 380 Rutherglen Road Glasgow — a pauper and that the said Rebecca Stewart is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Is very nervous & excited, talking continuously & very incoherently, shouting & praying alternately.—

(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 has been in this state some days, has hallucinations of sight & [illegible]ing, and has been very unmanageable, [illegible] sleep & refuses food.—

Name and Medical Designation, John Bannit [illegible]

Place of Abode 7 Royal Crescent Crop[illegible]

DATED this Seventh day of April One thousand eight hundred and Eighty Eight 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 Barrie being (1) MD Glasgow University & hereby certify, on soul and conscience, that I have this day, at (2) 380 Rutherglen Rd. Glasgow, in the County of Lanark, seen and personally examined Rebecca Stewart, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Barrie MD

DATED this Seventh day of April One thousand eight hundred and Eighty Eight 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, Walter Cook Spens (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Andrew Wallace Inspector of Poor, Govan Combination Certificates under the hands of John V. Wallace and John Barrie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined Rebecca Stewart, 380 Rutherglen Rd. Glasgow Pauper and that the said Rebecca Stewart is a Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Rebecca Stewart as a Patient into 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 Rebecca Stewart which accompanied the said Petition.

DATED this ninth day of April One thousand eight hundred and eighty eight

Walter C. Spens

To the Superintendent of the Southern Counties *Asylum* at 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.

Received [illegible]

Louvain.

Admitted 9 April 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 ~~Steward~~ of the (2) County of Dumfries *and his Substitutes,—*

The Petition of Geo C. M'Millan Inspector of Poor, Carsphairn, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Renwick or Dickson, ——— 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 Renwick or Dickson ——— to the Dumfries Asylum ——— and to sanction Her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Geo C. M'Millan

(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 April ——— One thousand eight hundred and eighty eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1 Christian Name and Surname of Patient at length,	Isabella Renwick or Dickson.
2 Sex and Age,	Female 45 years old.
3 Married, Single, or Widowed,	Married.
4 Condition of Life, and previous Occupation (if any),	Shepherds Wife.
5 Religious Persuasion, so far as known,	Protestant.
Previous Place of Abode,	Knox Carsphairn Stewartry of Kirkcudbright.
Place where Found and Examined,	Knox Carsphairn Stewartry of Kirkcudbright.
Length of time Insane,	Six weeks
Whether First Attack,	yes
1 Age (if known) on First Attack,	45 years.
1 When and where previously under Examination and Treatment,	———
1 Duration of Existing Attack,	Six Weeks.
1 Supposed Cause,	Husbands removal from present Situation.
1 Whether subject to Epilepsy,	no.
1 Whether Suicidal,	no.
1 Whether Dangerous to others,	no
1 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Carsphairn.
1 Date of becoming Chargeable,	9th April 1888.
1 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thos Dickson Knox Carsphairn. (Husband). no
2 Special circumstances (if any) preventing the insertion of any of the above particulars,	———

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eleventh day of April, ——— One thousand eight hundred and Eighty Eight.

(To be signed by Party applying) George C. M'Millan

P. p. Inspector of Poor

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Robert Stirling Sloan, — being a (1) Graduate of Edinburgh and being in actual practice as a (2) Physician, — hereby certify, on soul and conscience, that I have this day, at (3) Moor Parish of Carsphairn, — in the County of Kirkcudbright — separately from any other Medical Practitioner visited and personally examined (4) Isabella Rennick or Dickson Moor Carsphairn, Kirkcudbright, a Pauper and the said Isabella Rennick or Dickson 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 wild & unnatural expression of features. Imagines she is in absolute want

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Is firmly convinced strangers are robbing the house & carrying away everything from the Husband

Name and Medical Designation, Robert Stirling Sloan

Place of Abode, Brockloch, New Cumnock

DATED this 10th day of April, — One thousand eight hundred and Eighty Eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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) Isabella Rennick or Dickson Moor Carsphairn, Kirkcudbright, a Pauper and the said Isabella Rennick or Dickson is a (5) person of unsound mind — and a proper person to be detained under Care and Treatment, 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 wild unusual appearance & rambling incoherency of speech.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her father informs me that she is restless & unmanageable refuses to take food & has many delusions.

Name and Medical Designation, John Smith

Place of Abode 14 Castle St. Dumfries

DATED this 11th day of April, One thousand eight hundred and eighty eight 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 Stirling Sloan, being (1) a Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Moor, Carsphairn in the County of Kirkcudbright, seen and personally examined Isabella Renwick or Dickson, and that the said person is of unsound mind, and 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 Stirling Sloan M.D.

DATED this 10th day of April, One thousand eight hundred and Eighty Eight

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Jardine Maxwell (3) Honorary Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) George McMillan Inspector of Poor Carsphairn Certificates under the hands of Robert Stirling Sloan 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 Renwick or Dickson Moor, Carsphairn (a Pauper) and that the said Isabella Renwick or Dickson 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 Isabella Renwick or Dickson 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 Isabella Renwick or Dickson which accompanied the said Petition.

DATED this Eleventh day of April, One thousand eight hundred and eighty eight

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.

No 5167.

Isabella Renwick or
Dickson

Carsphairn

Admitted 11 April 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Shire~~ of Dumfries & Galloway *and his Substitutes*—

The Petition of William Toward, Assistant Inspector of Poor, City Parish, Glasgow,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Hutchison, Pauper, residing at 24, Taylor Street Glasgow, ~~your Petitioner's~~ (3) to said 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 Isabella Hutchison, Pauper, to the Dumfries & Southern Counties Asylum, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) William Toward

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 11th (4) day of April,— One thousand eight hundred and 88.

STATEMENT.

If any 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 Hutchison.
2. Sex and Age,	Female. 26 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Out worker.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	24 Taylor Street Glasgow.
7. Place where Found and Examined,	24 Taylor Street Glasgow.
8. Length of time Insane,	Two years or thereby.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	24 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	Not previously under treatment.
12. Duration of Existing Attack,	Two years or thereby.
13. Supposed Cause,	Unknown.
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,	City Parish, Glasgow.
18. Date of becoming Chargeable,	11th April 1888
19. Christian Name and Surname, and Place of Abode of nearest known 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 William Hutchison, resides at 24, Taylor Street, Glasgow.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 10th day of April,— One thousand eight hundred and 88.

(To be signed by the Party applying) William Toward

Assistant Inspector of Poor, City Parish Glasgow P.P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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) Doctor of Medicine of Glasgow University and being in actual practice as a (2) physician, do hereby certify, on soul and conscience, that I have this day, at (3) 24 Taylor Street in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Isabella Hutchison residing at 24 Taylor St Pauper and that the said Isabella Hutchison is a (5) an insane person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Suffers from various delusions. Says she works but does not know at what. Says she goes out to her work every morning & comes home when it suits herself. Says she has 30/ a week. Puts 10/ a week in a Bank with own hand but does not know where it is because she is a [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 she has done no work for years. He says she is occasionally violent, and is continually rambling on with utter nonsense. And quite unable to take of herself.

Name and Medical Designation, Malcolm Black

Place of Abode, 5 Canning Place, Glasgow

DATED this Tenth day of April One thousand eight hundred and eighty eight 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, D. MacPellar Derwar, being a (1) Graduate in Medicine of Glasgow University and being in actual practice as a (2) Physician, do hereby certify, on soul and conscience, that I have this day, at (3) 24 Taylor Street Glasgow, in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Isabella Hutchison, Father of 24 Taylor St. Glasgow, and that the said Isabella Hutchison is a (5) woman of unsound mind, and a proper person to be detained under Care and Treatment, 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 principally to herself & that almost continually, interrupted only by occasional bursts of laughter. Has delusions both of sight & hearing. Enters into conversation with imaginary persons. Believes she is attached to a locomotive & she is its motive power.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Father: Sits all day in the house, not caring to move. Imagines she upkeeps the house. All are dependent on her. Though physically able she can't put on her own clothes properly, puts the bulk garments on first.

Sister-in-law: She has heard her make only one sensible remark [illegible]

Name and Medical Designation, D. MacPellar Derwar M.B.

Place of Abode 83 Taylor St. Glasgow

DATED this Tenth day of April One thousand eight hundred and Eighty-eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order but the Sheriff.)

I, the undersigned, Malcolm Black being (1) Doctor of Medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) 24 Taylor St. in the County of Lanark, seen and personally examined Isabella Hutchison Tanner, and that the said person is of unsound mind, and 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 M.D.

DATED this tenth day of April One thousand eight hundred and eighty eight 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 the (2) Dumfries and Galloway 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 Malcolm Black and D. Mackellar Dewar being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Hutchison 24 Taylor Street, Glasgow (a Pauper) and that the said Isabella Hutchison is a (5) a 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 Hutchison 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 Hutchison, which accompanied the said Petition.

Norman Macpherson

DATED this Twelfth day of April One thousand eight hundred and eighty eight.

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. 5168.

Isabella Hutchison

City Parish. Glasgow.

Admitted 11 April 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff —— *of the* (2) Dumfries and Galloway, *and his Substitutes,*—

The Petition of Miles Mc Jones, Inspector of Poor, Dumfries.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Dorothy Carruthers or Houston, your Petitioner's (3) Lawful,

(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 Dorothy Carruthers or Houston, to the Southern Counties Asylum, and to sanction her admission into the said Asylum. Two words delete-

(*To be signed by the Party applying*) Miles Mc Jones

(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 Eight 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,	Dorothy Carruthers or Houston.
2. Sex and Age,	Female. 50 years.
3. Married, Single, or Widowed,	Widow.
4. Condition of Life, and previous Occupation (if any),	Housewife.
5. Religious Persuasion, so far as known,	Protestant-
6. Previous Place of Abode,	110 St Michael St, Dumfries.
7. Place where Found and Examined,	do do
8. Length of time Insane,	Two months.
9. Whether First Attack,	No.
0. Age (if known) on First Attack,	Not known.
1. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Southern Counties Asylum on two previous occasions.
2. Duration of Existing Attack,	Two Months
3. Supposed Cause,	Depression after death of daughter.
4. Whether subject to Epilepsy,	No.
5. Whether Suicidal,	do.
6. Whether Dangerous to others,	do.
7. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries.
8. Date of becoming Chargeable,	11th April 1888.
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,	Mary, daughter residing at 110 St Michael St. Dumfries. Not known.
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 Eleventh day of April One thousand eight hundred and Eighty Eight years.-

(*To be signed by the Party applying*) Miles Mc Jones P. p. Inspector of Poor Dumfries

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Marshall, being a (1) Graduate of the Faculty of Physicians & Surgeons Glasgow and College of St Andrews, and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 110 St Michael St Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Dorothy Carruthers or Houston and that the said Dorothy Carruthers or Houston 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. Declares that she is quite lost. She is in great distress with her &c &c

(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 and that she becomes terribly [illegible]

Name and Medical Designation, } W Marshall M D

Place of Abode, 27 Buccleuch St Dumfries

DATED this 11th day of April One thousand eight hundred and eighty eight years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith, being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 110 St Michael St Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Dorothy Carruthers or Houston 110 St Michael St Dumfries, a pauper and that the said Dorothy Carruthers or Houston is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 melancholic appearance. rambling incoherent speech & delusions. Tells me she is lost, that she is a devil on earth & wished me to kill her.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her daughter informs me that she has many delusions. thinks the walls are full of [illegible] men. & wishes to get out to drown herself.

Name and Medical Designation, } John Smith M D

Place of Abode 14 Castle St Dumfries

DATED this 11th day of April One thousand eight hundred and eighty eight 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) Graduate of the Faculty of Physicians & Surgeons Glasgow hereby certify, on soul and conscience, that I have this day, at (2) 110 St Michael St Dumfries in the County of Dumfries, seen and personally examined Dorothy Carruthers or Houston, and that the said person is of unsound mind, and 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 11th day of April One thousand eight hundred and eighty eight 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 ~~the (2)~~ Dumfries and of Galloway 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) Dorothy Carruthers or Houston, 110 St Michael Street Dumfries (a Pauper) and that the said Dorothy Carruthers or Houston (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 Dorothy Carruthers or Houston 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 Dorothy Carruthers or Houston which accompanied the said Petition.

Norman Macpherson

DATED this Twelfth day of April, One thousand eight hundred and eighty eight.

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 5169.

Dorothy Carruthers or
Houston

Dumfries

Committed 11 april 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Lanark. *or his Substitutes,*

The Petition of Andrew Wallace Inspector of Poor Govan. Combination Glasgow

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Parlane 5 Harmony Row Govan.

(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 Parlane to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(To be signed by the Party applying) Andrew Wallace

(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 eight 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 Parlane.
2. Sex and Age,	Female aged 22 Years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	5 Harmony Row Govan.
7. Place where Found and Examined,	about a week
8. Length of time Insane,	Yes as far as Known
9. Whether First Attack,	
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	.
12. Duration of Existing Attack,	about 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,	Govan Combination
18. Date of becoming Chargeable,	12 April 1888
19. Christian Name and Surname, and Place of Abode of nearest known 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 Parlane a Stone Ruper at 5 Harmony Row Govan. none so far as Known.
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 Twelfth day of April One thousand eight hundred and eighty eight Years.

To be signed by the Party applying) Andrew Wallace

P. p.

Parish of Cunninghame

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Barras being a (1) Doctor of Medicine of Saint Andrew's University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) No 5 Harmony Row Govan in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Mary Parlane, pauper, No 5 Harmony Row Govan and that the said Mary Parlane is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Very excitable and incoherent. Keeps singing all kinds of nonsense and at times raises her voice almost to a shriek and then bursts out a laughing.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Gilmour states that she was very restless and excitable and kept talking nonsense. Takes crying fits and says her heart is very sore.

Name and Medical Designation, James Barras M.D.

Place of Abode, Govan

DATED this 11th day of April One thousand eight hundred and eighty eight 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 Davie Taylor being a (1) M.D. 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) 5 Harmony Row Govan in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Mary Parlane, pauper 5 Harmony Row, Govan and that the said Mary Parlane is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 and delusive, fancies all the people of Govan and Partick talking about her, says she went to Australia last week, she sailed there & back 24 hours.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her Father states that she was very last night. that she talks nonsense continuously & has to constantly watched

Name and Medical Designation, Robert Davie Taylor M.D.

Place of Abode 7 Cecil Place Paisley Road

DATED this 12th day of April One thousand eight hundred and eighty eight 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 Davie Taylor being (1) a M.D. University of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) 5 Harmony Row, Govan in the County of Lanark, seen and personally examined Mary Parlane, and that the said person is of unsound mind, and 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 Davie Taylor M.D.

DATED this 13th day of April One thousand eight hundred and eighty eight 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 Davidson Balfour (3) Sheriff Substitute of the (4) County of Lanark having had produced to me, with a Petition at the instance of (5) Andrew Wallace Inspector of Poor Govan Combination House Certificates under the hands of James Barras and Robert Davie Taylor, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Mary Parlane 5 Harmony Row Govan (Lanark) and that the said Mary Parlane 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 Parlane as a Patient into the (8) 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 Parlane which accompanied the said Petition.

DATED this Thirteenth day of April One thousand eight hundred and eighty eight

D D Balfour

To the Superintendent of the (9) 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.

Parish of Cunninghame

Mary Pascall.

Govan.

Admitted 13 April 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) 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, Penningham humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Irving, Queen Street Newton Stewart your Petitioner's (3) pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Irving to the Royal Asylum Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Johnston

(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 April One thousand eight hundred and Eighty Eight 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 Irving
2. Sex and Age,	male 27 next birthday
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Tailor (Journeyman)
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	London three and half years.
7. Place where Found and Examined,	71 Queen Street Newton Stewart
8. Length of time Insane,	
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	week
13. Supposed Cause,	partly hereditary - partly perhaps indigestion
14. Whether subject to Epilepsy,	He is only a week home after an absence of 4 yrs in Glasgow & London
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 Wigtownshire
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Brother James Irving tailor 71 Queen Street Newton Stewart mother Helen Morrison or Irving has been insane for 18 years. presently in Dumfries Asylum
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	principal delusion being that she is the Queen

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this thirteenth day of April One thousand eight hundred and Eighty eight years

(*To be signed by Party applying*) John Johnston
Inspector of Poor
Parish of Penningham

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James Clark
being a (1) Licentiate of the Faculty of Physicians and Surgeons, Glasgow
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 71 James St, Newton Stewart Wigtown in the County of
separately from any other Medical Practitioner, visited and personally examined (4) William Irving. Tailor 71 James St. Newton Stewart, Pauper and that the said William Irving is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
He is under the delusion that he has been poi[soned] & that he won't recover; thinks that every one he sees is trying to annoy him; is restless - incoherent about his brother disturbing & worrying him to himself.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
States that he refuses food & that when it is brought to him he examines it carefully before he will taste any he examines it carefully before he will taste any he declines to go to bed till well on in the morning sleeps but very little; and that he has the idea that his brother is dead.

James Irving & his wife

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, *or* 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 Clark L.R.C.P.S.

Place of Abode, Newton Stewart

DATED this Twelfth day of April One thousand eight hundred and eighty eight.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, James Gibbons Dickson
being a (1) Doctor of Medicine - University of Glasgow
and being in actual practice as a (2) Doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (3) 71 Queen St Newton Stewart Wigtown in the County of
separately from any other Medical Practitioner, visited and personally examined (4) William Irving, Tailor 71 Queen Street, Newton Stewart. Pauper and that the said William Irving is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
Dejection: restless restlessness: confusion of ideas: impaired memory: taciturnity: refused to take food or medicine: delusions.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Say that he arrived here on the 9th inst: from London unable to give an intelligible account of his recent movements: and has since behaved in a most unusual manner.

James Irving and Mrs Irving

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, *or* 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 G. Dickson. M.B.

Place of Abode Woodlea, Newton Stewart

DATED this Thirteenth day of April One thousand eight hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Macleil (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 Parish Certificates under the hands of James Clark L.R.C.P.S. Newton Stewart and James Dickson M.B. 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) William Irving, Pauper and that the said William Irving is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Irving as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Irving which accompanied the said Petition.

DATED this fourteenth day of April One thousand eight hundred and eighty eight

Wm Macleil

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: 5170.

William Irving

New Luce

Admitted 14 April 1888.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) 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 Dickinson,

(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 Dickinson, — to the Southern Counties Asylum and to sanction his admission into the said Asylum. Two words deleted.

(To be signed by the Party applying) Miles Mc Dowall

(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 April, One thousand eight hundred and Eighty Eight 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 Dickinson.
2. Sex and Age,	male – 33 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Tailor.
5. Religious Persuasion, so far as known,	Episcopalian
6. Previous Place of Abode,	Royal Infirmary.
7. Place where Found and Examined,	do do
8. Length of time Insane,	a few days.
9. Whether First Attack,	Not known.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	—
12. Duration of Existing Attack,	—
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	do
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	do
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	17th April 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Information.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventeenth day of April, One thousand eight hundred and Eighty Eight years.

(To be signed by the Party applying) Miles Mc Dowall P. P.
Inspector of Poor
Dumfries

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Marshall
being a (1) Graduate of the Faculty of Physicians & Surgeons Glasgow and College of Edinburgh
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Infirmary Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Dickinson (a pauper)
and that the said John Dickinson 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) Speaks incoherently seems unaware of the enormity of his position has refused his breakfast & thought he has been Convicted on the act of attempting to Commit

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) the nurse alleges something the same as by

Name and Medical Designation, Marshall M.D.

Place of Abode, 27 Buccleuch St Dumfries

Dated this 17th day of April One thousand eight hundred and eighty eight 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) Certificate of Insanity of Dumfries
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) The Lunatic Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Dickinson, a Pauper
and that the said John Dickinson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 manner, incoherency of speech & delusions opinion, Tells me that people dead & alive converse with him at night & that he attempted to drown himself because he was tired of 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, John Smith M.D.

Place of Abode, 14 Castle St Dumfries

Dated this 17th day of April One thousand eight hundred and eighty eight 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 College of St Andrews being (1) a Graduate of the Faculty of Physicians & Surgeons, Glasgow & hereby certify, on soul and conscience, that I have this day, at (2) Infirmary Dumfries in the County of Dumfries, seen and personally examined John Dickinson, and that the said person is of unsound mind, and 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 Marshall M.D. &c

DATED this 17th day of April One thousand eight hundred and Eighty eight 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) John Dickinson Dumfries & Galloway Royal Infirmary (a Pauper) and that the said John Dickinson 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 Dickinson 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 Dickinson, which accompanied the said Petition.

DATED this Eighteenth day of April, One thousand eight hundred and eighty eight.

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: 5172.

John Dickinson,

Dumfries

Admitted 14 april 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (1) Shire~~
of Dumfries & Galloway *and his Substitutes,*—

The Petition of Daniel Macintosh Insp: of Poor Eskdalemuir humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Dalgleish, Langshawburn, Eskdalemuir, your Petitioner's (2) ~~Daughter for whom this application has been made~~, is at present in a state of Mental Derangement, and 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 Dalgleish, Langshawburn, Eskdalemuir to the Southern Counties Asylum, Dumfries, and to sanction his admission into the said Asylum.

(1) State degree of Relationship or other Capacity in which Petitioner stands to Lunatic.

Daniel Macintosh Insp: of Poor, Eskdalemuir

DATED this Seventeenth (3) day of April — One thousand eight hundred and eighty-eight.

(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,	John Dalgleish
2 Sex and Age,	Male — 25.
3 Married, Single, or Widowed,	Single
4 Condition of Life, and previous Occupation (if any),	Shepherd.
5 Religious Persuasion, so far as known,	Protestant
6 Previous Place of Abode,	Langshawburn, Eskdalemuir,
7 Place where Found and Examined,	Abelloch, Eskdalemuir.
8 Length of time Insane,	Ten days.
9 Whether First Attack,	Yes.
10 Age (if known) on First Attack,	25.
11 When and where previously under Examination and Treatment,	Not previously under examination or treatment.
12 Duration of Existing Attack,	Ten days.
13 Supposed Cause,	A love-affair.
14 Whether subject to Epilepsy,	No
15 Whether Suicidal,	No — not at present.
16 Whether Dangerous to others,	No — not at present.
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Eskdalemuir.
18 Date of becoming Chargeable,	16th April, 1888.
19 Christian Name and Surname, and Place of Abode of nearest known 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 Dalgleish, Langshawburn, Father, — No other members 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 Seventeenth day of April — One thousand eight hundred and eighty-eight

(*To be signed by Party applying*) Daniel Macintosh
Insp: of Poor P. P.
Eskdalemuir

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Peter Starrett ——— being a (1) Licentiate of the Royal College of Physicians & Surgeons of Edinburgh and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Aberlosk Eskdalemuir, ——— in the County of Dumfries ——— separately from any other Medical Practitioner visited and personally examined (4) John Walgliish ——— Laneshawburn, Eskdalemuir ——— and the said John Walgliish ——— is a (5) Person of Unsound mind ——— and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He came three miles to tell me that his wife had eloped & thought I ought to know. He told me that there was a conspiracy to injure him & that if I saw he w^d write & forgive them.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Robert Nicole Laneshawburn says he was frightened & was to be hung with chains. John Little Aberlosk says he asked him for a certain book & when he got he took it & left a letter & threw it from him requesting of him a bad book. His Father & Sister that he is much altered & is often noisy & given to singing hymns.

Name and Medical Designation, Peter Starrett LRCPE

Place of Abode, Hawkmanor. Eskdalemuir

DATED this 16th day of April One thousand eight hundred and eighty eight

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MEDICAL CERTIFICATE, No. II.

I, the undersigned, John Gill ——— being a (1) Bachelor of Medicine & Master in Surgery of the University of Edin^r ——— and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Aberlosk Eskdalemuir ——— in the County of Dumfries ——— separately from any other Medical Practitioner visited and personally examined (4) John Dalgliish, Laneshawburn, Eskdalemuir ——— and the said John Dalgliish ——— is a (5) person of unsound mind ——— and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He has a restless look this answers to my questions were often incoherent. He told me he was annoyed & worried by his father (who is in reality very good to him).

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) James Hall Little, Davington, Eskdalemuir, says that the patient in a conversation with him told him he would like to kill him. Margaret Little, Aberlosk Eskdalemuir says he is sometimes very noisy & shows a love his temper easily & is very much given to singing hymns & otherwise conducting himself in a way he never did before.

Name and Medical Designation, John Gill M.B.C.M.

Place of Abode Langholm

DATED this 16th day of April, One thousand eight hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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) Daniel Macintosh Inspector of Poor Eskdalemuir
Certificates under the hands of Peter Sturrock
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 Dalgleish Shepherd, Aberlosk, Eskdalemuir (a Pauper) and that the said John Dalgleish, is a (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 Dalgleish 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 Dalgleish, which accompanied the said Petition.

DATED this Seventeenth day of April, One thousand eight hundred and eighty eight.

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. 5173.

John ~~H~~ Dalgleish

Eskdalemuir

Admitted 14 April 1888

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Ayrshire

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) James Neill N—
William Neill Farmer, Manse House Ballantrae
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that James Neill N

(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 James Neill to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admistion into the said Asylum.

William Neill

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this sixteenth (5) day of April One thousand eight hundred and eighty eight

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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 Neill
2. Sex and age,	twenty two, male
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,	County Derry Ireland
7. Place where found and examined,	examined in Ayr
8. Length of time Insane,	been affected more or less for years
9. Whether First Attack,	first appearation 13th april, last.
10. Age (if known) on First Attack,	22
11. When and where previously under Examination and treatment,	Examined 3 or 4 years ago at Ardrossan
12. Duration of Existing Attack,	3 days
13. Supposed Cause,	cause unknown
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,	William Neill Manse House Ballantrae Father of Petitioner
20. Special circumstances (if any) preventing the 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 april One thousand eight hundred and eighty eight.

(To be signed by the Party applying).... William Neill

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, George McKerrow
being a (1) M. B. C. M. of Glasgow University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day at (3) 7 Barns St Ayr in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) James Neill, Mains House Ballantrae and that the said James Neile is a (5) person of unsound mind 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 great confusion of thought. - Has delusions. Surgery he sees people and hears voices, especially at night - Thinks he is lost forever &c.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His father states that he is completely changed in disposition: that he behaves in such a way as to show weakness of mind and incompetency.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Geo. McKerrow M. B. C. M.

Place of Abode, 7 Barns St. Ayr

DATED this Sixteenth day of April One thousand eight hundred and eighty - eight

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MEDICAL CERTIFICATE.—No. II.

I, the undersigned, William John Laurie
being a (1) M. D. Glasgow University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 5 Barns St Ayr in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) James Neill, Mains House Ballantrae and that the said James Neill is a (5) person of unsound mind 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 delusions such as hears voices, and has been visited by the Devil. Imagines himself a lost sinner, and incurably ill &c.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Some of the above confirmed by his father

(7) *State the Information, and from whom derived.*

Name and Medical Designation, W. J. Laurie M. D.

Place of Abode, 5 Barns St Ayr

DATED this sixteenth day of April One thousand eight hundred and eighty eight

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 Kirkpatrick (1) Sheriff Substitute of the (2) County of Ayr having had produced to me, with a Petition at the instance of (3) William Neill retired farmer Mauno House Ballantrae Certificates under the hands of George McKerrow M.B and William Johnstone M.D. , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Neill, Mauno House Ballantrae and that the said James Neill is a (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 Neill 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 Neill 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 17th day of April One thousand eight hundred and eighty eight

Wm Kilpatrick

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name James Neill

Date of Admission 17th April 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward, (2) Shire or Stewartry.

Into the Honourable the (1) Sheriff *of the* (2) Shire of Lanark ~~Sd of Lanark~~ *and his Substitutes,*—

The Petition of Archibald Dempster, Inspector of Poor, City Parish Glasgow, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Euphemia Fairbairn or Murray, Pauper ~~your Petitioner's~~ (3) residing at 85 Castle Street Glasgow, — presently chargeable to said 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 Euphemia Fairbairn or Murray, to the Crichton Royal Institution, Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) A Dempster

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 16th (4) day of April One thousand eight hundred and 88

STATEMENT.

If any 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 Fairbairn or Murray.
2. Sex and Age,	Female. 36 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,	85 Castle Street Glasgow.
7. Place where Found and Examined,	85 Castle Street & 318 Parliamentary Road, Glasgow.
8. Length of time Insane,	Since January last.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	36 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	Not previously under treatment.
12. Duration of Existing Attack,	Three months.
13. Supposed Cause,	After Child Birth.
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,	City Parish, Glasgow.
18. Date of becoming Chargeable,	16th April 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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 George Murray, resides at 85, Castle Street, Glasgow.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 16th day of April One thousand eight hundred and 88.

(*To be signed by the Party applying*) A Dempster

Inspector of Poor, City Parish, 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.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Alexander Cameron - Surgeon - being a (1) Licentiate of the Royal College of Physicians in 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) 85 Castle Street - Ironhead - Glasgow - in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Euphemia Fairbairn Murray Housewife - 85 Castle Street - Glasgow - pauper - and that the said Euphemia Fairbairn Murray is a (5) Insane person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) -
Her manner was violent - she talks incessantly - says she has violated the laws of human nature - that the devil tempted her - that she can never be forgiven - she says she has from her youth practised masturbation - which has affected her husband and all her family - she requires to be watched -

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her Husband says - she had a baby in end of January last and has been well since - he can give no cause for her trouble -

Name and Medical Designation, Alex Cameron L.R.C.P.S.G. & L.R.C.S.E.

Place of Abode, 85 Castle Street Glasgow

DATED this Sixteenth day of April One thousand eight hundred and Eighty Eight

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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, Geo Buchan being a (1) Graduate in Medicine of Glasg University, 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) Euphemia Fairbairn Murray Pauper, lately residing at 85 Castle St, Glasgow and that the said Euphemia Fairbairn Murray, Pauper, is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) says she has committed the unpardonable sin and wants to get out of existence has deceived everybody, is violent and dangerous to herself, and others, & is quite incapable of taking care of herself

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Geo Buchan M.D.

Place of Abode House, Lowis Hospital, Glasgow

DATED this 16th day of April One thousand eight hundred and 88

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Alexander Cameron - Surgeon
being (1) Licentiate of the Royal College of Physicians Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) 88 Castle St Glasgow
in the County of Lanark, seen and personally examined
Euphemia Fairbairn Murray - 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.

Alex Cameron M.R.C.P.Ed. L.F.P.S.G.

DATED this Seventeenth day of April One thousand eight hundred and Eighty Eight.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Mackenzie Murray, (1) Sheriff Substitute
of the (2) County of Lanark
having had produced to me, with a Petition at the instance of Archibald
Dempster, Inspector of Poor, City Parish, Glasgow
Certificates under the hands of Alexander Cameron
and Geo: Buchan, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined Pauper
Euphemia Fairbairn or Murray 88 Castle St Glasgow and that the said
Euphemia Fairbairn or Murray (3) are insane person 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 Euphemia Fairbairn or Murray as a Patient into the Crichton Royal Asylum at Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Euphemia Fairbairn or Murray which accompanied the said Petition.

DATED this seventeenth day of april One thousand eight hundred and eighty eight

A Eustace Murray

To the Superintendent of the Crichton Royal
Asylum at 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. 5175.

Euphemia Fairbairn or Murray.

City Parish, Glasgow

Admitted 17 April 1888.

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Glas.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Archibald Dempster, Inspector of Poor, City Parish, Glasgow, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ada Defries Sykes, Pauper, residing at ~~your Petitioner's~~ (3) 20 Carrick Street, Glasgow, — presently chargeable to Saw 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 Ada Defries Sykes, Pauper, to the Crichton Royal Institution, Dumfries, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) A. Dempster

DATED this 17th (1) day of April, — One thousand eight hundred and 88.

(1) 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,	Ada Defries Sykes.
2. Sex and Age,	Female. 27 years.
3. Married, Single, or Widowed,	Married - Deserted.
4. Condition of Life, and previous Occupation (if any),	Sewer.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	20 Carrick Street Glasgow.
7. Place where Found and Examined,	318 Parliamentary Road, Glasgow.
8. Length of time Insane,	A few days.
9. Whether First Attack,	No.
0. Age (if known) on First Attack,	24 years.
1. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	1885. In an Asylum at Dublin.
2. Duration of Existing Attack,	A few days.
3. Supposed Cause,	Unknown.
4. Whether subject to Epilepsy,	No.
5. Whether Suicidal,	No.
6. Whether Dangerous to others,	Yes.
7. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish, Glasgow.
8. Date of becoming Chargeable,	17th April 1888.
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,	Mother Margaret Franks, resides at 20 Carrick street, Glasgow.
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 17th day of April — One thousand eight hundred and 88.

(*To be signed by the Party applying*) A. Dempster

Inspector of Poor, City Parish, 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
being a (1) Graduate in Medicine of Glasgow University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 318 Parliamentary Road, Glasgow in the County of Lanark separately from any other Medical Practitioner visited and personally examined (4) Ada Defries Sykes Pauper lately residing at 20 Carrick St. Glasgow, and that the said Ada Defries Sykes, 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 in quite an incoherent manner, talks from one subject to another, thinks she is dead, sees visions of dead and this morning she killed a woman, thinks also a man in the institution here is the father of her child

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Mackay, tells me she at times is frightful and indeed she is afraid of her life as she has been attacked by her in a very fierce manner.

Name and Medical Designation, Geo Buchan M.D.

Place of Abode, House, Lowris Hospital

DATED this 17th day of April One thousand eight hundred and 88

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Meehan.
being a (1) Graduate in Medicine of Glasgow University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 318 Parliamentary Road Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Ada Defries Sykes Pauper lately residing at 20 Carrick St Glasgow and that the said Ada Defries Sykes 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 believes herself be in a trance & states she has gone crazy. Believes that she sees people who she fancies are dead rising up & walking in the Probationary of the Institution. She states having been the father of child one of the workmen in this institution.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her mother states that she was in Richmond Asylum Dublin for about three months, —

Name and Medical Designation, Joseph Meehan. M.B.

Place of Abode Lowris Hospital.

DATED this 17th day of April One thousand eight hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Geo Buchan M.D. Glasg University being (1) A Graduate in Medicine of hereby certify, on soul and conscience, that I have this day, at (2) 318 Parliamentary Road Glasgow in the County of Lanark, seen and personally examined Ada Defries Sykes, 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.

Geo Buchan M.D.

DATED this 14th day of April One thousand eight hundred and 88.

(1) 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) Archibald Dempster, Inspector of Poor, City Parish Glasgow, Certificates under the hands of George Buchan, and Joseph Meehan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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) Ada Defries Sykes, 318 Parliamentary Road, Glasgow (a pauper) and that the said Ada Defries Sykes 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 Ada Defries Sykes as a Patient into the (8) 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 Ada Defries Sykes, which accompanied the said Petition.

DATED this Eighteenth day of April, One thousand eight hundred and eighty eight years.

David Boyle Stope.

To the Superintendent of the (9) Asylum of Southern Counties, Dumfries

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(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(8) Public, District, Parochial, or Private.
(9) Public, District, Parochial, or Private.

No. 5176.

Ada Defries Sykes.

City Parish, Glasgow.

Admitted 17 April 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2)~~ Shire of Dumfries & Galloway and his Substitutes,—

The Petition of Archibald Dempster, Inspector of Poor, City Parish Glasgow

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Canning or Quin Pauper,

(3) State degree of ~~your Petitioner's (3)~~ Relationship or other capacity in which Petitioner stands to Lunatic.

residing at 3 McAlpine Street, Glasgow, ~~present~~ chargeable to said 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 Elizabeth Canning or Quin, — to the Crichton Royal Institution, Dumfries, and to sanction her admission into the said Asylum.

(To be signed by the Party applying) A Dempster

(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 April, — One thousand eight hundred and 88.

STATEMENT.

If any 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 Canning or Quin.
2. Sex and Age,	Female, 27 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,	3 McAlpine street Glasgow.
7. Place where Found and Examined,	3 McAlpine street & 315 Parliamentary Road Glasgow.
8. Length of time Insane,	Two months.
9. Whether First Attack,	no.
10. Age (if known) on First Attack,	24 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	1885. In an Asylum in England.
12. Duration of Existing Attack,	Two months.
13. Supposed Cause,	unknown.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	no.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish Glasgow.
18. Date of becoming Chargeable,	17 April 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Hugh Quin Tailor, resides at 3 McAlpine St. Glasgow.
20. Special circumstances (if any) preventing the insertion of any of the above particulars.	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 17th day of April, — One thousand eight hundred and 88.

(To be signed by the Party applying) A Dempster

Inspector of Poor, City Parish 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, Robert Park, being a (1) Graduate in Medicine of the University of Glasgow and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) No 3 McAlpine St Anderston Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Canning or Quin Pauper, residing there and that the said Elizabeth Canning or Quin 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 story is quite incoherent & a mere jumble about being persecuted, bad women, Cats meat, knocked into dogs, a letter to god & she "does not want to live anymore and she weeps helplessly but unemotionally

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The husband tells me that she shoved her through a window pane yesterday & tried to take her children's lives

Name and Medical Designation, Robt Park M.D.

Place of Abode, 52 St Enoch Square

DATED this 17th day of April One thousand eight hundred and eighty eight

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 being a (1) Graduate in Medicine of Glasgow University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 318 Parliamentary Road, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Canning or Quin Pauper lately residing at 3 McAlpine St, Glasgow and that the said Elizabeth Canning or Quin 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 does not know anything can't say whither she is living or not, some one is going to hang her does not know that she is married, nor has children, is incapable of taking care of herself.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has been in an asylum in England.

Name and Medical Designation, Geo Buchan M.D.

Place of Abode House. Lowris Hospital

DATED this 17th day of April One thousand eight hundred and 88

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Robert Park, being (1) a Graduate in Medicine, hereby certify, on soul and conscience, that I have this day, at (2) 3 McAlpine St Anderston, in the County of Lanark, seen and personally examined Elizabeth Canning or Quin, and that the said person is of unsound mind, and 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 Park M.D.

DATED this 17th day of April, One thousand eight hundred and eighty eight.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff-Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Archibald Dempster Inspector of Poor, City Parish Glasgow, Certificates under the hands of Robert Park and George Buchan being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Canning or Quin, 3 McAlpine Street, Glasgow (a Pauper) and that the said Elizabeth Canning or Quin is a (5) Lunatic, a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Canning or Quin 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 Canning or Quin, which accompanied the said Petition.

DATED this Eighteenth day of April, One thousand eight hundred and eighty eight.

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 5177.

Elizabeth Canning or Duie

City Parish, Glasgow.

Admitted 14 April 1888.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (1) Dumfries and of Galloway and his Substitutes—

The Petition of Alexander Wood/George Nelson Baillie Inspector of Poor Stranraer humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Alexander or Wood residing in Stranraer your Petitioner's (2) ~~Ward~~ 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 Alexander or Wood to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum. Three words deleted hereon

Geo. N. Baillie

(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 dates of the Medical Certificates.

Dated this 19th (3) day of April One thousand eight hundred and eighty ~~eight~~ 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 Alexander or Wood
1. Sex and Age,	female 26 years.
1. Married, Single, or Widowed,	Married
1. Condition of Life, and previous Occupation (if any),	Housewife
1. Religious Persuasion, so far as known,	Protestant
1. Previous Place of Abode,	Stranraer
1. Place where Found and Examined,	17 High St Stranraer
1. Length of time Insane,	about a month
1. Whether First Attack,	first
1. Age (if known) on First Attack,	—
1. When and where previously under Examination and Treatment,	—
1. Duration of Existing Attack,	about one month
1. Supposed Cause,	Child birth
1. Whether subject to Epilepsy,	No.
1. Whether Suicidal,	No.
1. Whether Dangerous to others,	Yes
1. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Stranraer
1. Date of becoming Chargeable,	Sp. 19th 1888.
1. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Husband. Alexander Wood 17 High St, Stranraer
2. 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 nineteenth day of April One thousand eight hundred and Eighty eight.

(*To be signed by Party applying*) Geo. N. Baillie

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, George Scott
being a (1) MB. & CM. 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) 17 High St Stranraer in the County Wigtown separately from any other Medical Practitioner visited and personally examined (4) Janet Alexander or Wood and the said Janet Alexander or Wood is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 attended her in Confinement on 18th March/88. & she took Puerperal Mania 5th day after. She is at present outrageous, does not sleep, her attendant will not keep in bed tosses clothes off her & talks incoherently. sings & crys alternately, & screams.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Husband says he was bit in the lip by her & I saw minutes afterwards. She has struck him repeatedly. Mrs Ferguson. one of her nurses has been struck also.

Name and Medical Designation, George Scott MB

Place of Abode, 86 George St. Stranraer

DATED this Nineteenth day of April One thousand eight hundred and Eighty Eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Faculty of Physicians & Surgeons & a Licentiate of the Royal College of Physicians Edinburgh
and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 17 High St Stranraer in the County Wigtown separately from any other Medical Practitioner visited and personally examined (4) Janet Alexander or Wood and the said Janet Alexander or Wood is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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. laughs and sings &c

(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 carries on the same way from morning to night singing laughing &c.

Name and Medical Designation, Hugh Cochrane LRCPSo LFPS Gl

Place of Abode Stranraer

DATED this nineteenth day of April One thousand eight hundred and eighty - eight

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William M'Gibbon Esquire (1) Sheriff Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) George Dickson Baillie, Inspector of Poor, Stranraer Certificates under the hands of George Scott and Hugh Cochrane ~~and~~ both Surgeons 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) Janet Alexander or Wood a pauper ~~Lunatic~~ Patient and that the said Janet Alexander or Wood is a (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 alexander or Wood as a Patient into the (6) 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 Alexander or Wood which accompanied the said Petition.

DATED this Nineteenth day of April — One thousand eight hundred and eighty eight

M.J

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. 5178.

Janet Alexander or
Wood

Stranraer

Admitted 20 April 1888

9450.

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

GENERAL BOARD OF LUNACY SCOTLAND 19 APR 88

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned David Colville.
being desirous to transfer Lemima Colville
at present a Patient in Garlnavel 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 Lemima Colville 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.

David Colville ×
(²) Father

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow this 10th day of April 1888
One thousand eight hundred and

STATEMENT.

1. Christian Name and Surname of Patient at length,	Lemima Colville
2. Sex and Age,	female. 31 years
3. Married, Single, or Widowed,	single
4. Condition of Life, and Previous Occupation (if any),	Lady
5. Religious Persuasion, so far as known,	united Presbyterian
6. Date of Admission into Asylum,	19 June 1886
7. Length of time Insane,	Remission for 2 years before admission
8. Whether first Attack,	yes
9. Age (if known) on first Attack,	27
10. Duration of existing Attack,	as above
11. Supposed Cause,	overstudy
12. Whether subject to Epilepsy,	no
13. Whether Suicidal,	no
14. Whether Dangerous to others,	yes sometimes
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 is her father a brother is slightly imbecile

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) David Colville ×

DATED this 10th day of April One thousand eight hundred and eighty eight.

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 D Yellowlees being (1) M.D. Edin. hereby certify that I have this day at (2) Gartnavel Asylum personally examined Jemima Colville at present a Patient in said Asylum, and with respect to ~~his~~ Mental State that she labours under delusions - E.g. that p[illegible] read her thoughts - by means of [illegible]-notism or otherwise, and thus [illegible]-trol her actions. Under the in[illegible]ence of these delusions she is at times abusive & violent. ~~and with respect to his Bodily Health and Condition that~~ and with respect to bodily Health & 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~~ Crichton Royal Institution, Dumfries.

D Yellowlees

DATED this 18th day of April One thousand eight hundred and 88.

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 Colville to authorize the transfer of Jemima Colville from Glasgow 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 Jemima Colville 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.

Wm Sibbald Commissioner.

DATED at Edinburgh, this 19th day of April One thousand eight hundred and eighty eight.

No. 5179.
Jemima Colville.
Admitted 21 April 1888

Date of Sheriff's Order:-
June 1886.
Please fill in date
(in June 188[illegible]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) ~~Shire of~~ Dumfries & Galloway.

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) Alex^r McWilliam, Inspector of Poor, Carlaverock

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Janet Craig, Glencaple,

(4) State degree of Relationship, or other capacity which Petitioner stands 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 Janet Craig, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Alex^r McWilliam

(5) The date of the Petition must be within four clear days following the dates of the Medical Certificate.

DATED this 23^d day of (5) April, One thousand eight hundred and eighty eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Janet Craig.
1. Sex and age,	Female. 52.
1. Married, Single, or Widowed,	Single.
1. Condition of Life and previous Occupation (if any),	House Keeper.
1. Religious Persuasion, so far as known,	Protestant. E.C.
1. Previous place of abode,	Longholm Glencaple, Carlaverock.
1. Place where found and examined,	Same house.
1. Length of time Insane,	No.
1. Whether First Attack,	42.
1. Age (if known) on First Attack,	28th Dec 1886 - Southern Counties Asylum.
1. When and where previously under Examination and treatment,	Three weeks
1. Duration of Existing Attack,	Not known
1. Supposed Cause,	No
1. Whether subject to Epilepsy,	No
1. Whether Suicidal,	No
1. Whether Dangerous to others,	Carlaverock.
1. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	23 April 1888.
1. Date of becoming Chargeable,	Janet Craig, Brother, Manchester.
1. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
2. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 23^d day of April, One thousand eight hundred and eighty eight.

(To be signed by the Party applying) Alex^r McWilliam

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - -
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - -
16. Has he threatened or attempted violence to others? If so, in what way? - -
17. How long has he been insane? - - -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, Alexander Ball MacDonald being (1) MD Edin University hereby certify, on soul and conscience, that I have this day, at (2) Glencaple, in the County of Dumfries, seen and personally examined Janet Craig Pleuper, Glencaple, and that the said person is of unsound mind, and 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 22 day of April, One thousand eight hundred and eighty eight.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

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) Glencaple, Caulaverock in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Craig, Pauper Glencaple 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. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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 excitable & sleepless & melancholy and fancies every one around her is thinking she would be better out of the way — shuns the public view & wise only walk out at night after dark lest any one should see her

(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.*

Has been several times before in the Crichton Royal Asylum.

Name and Medical Designation, A D MacDonald MD

Place of Abode, 18 Castle St Dumfries

DATED this 22d day of April, One thousand eight hundred and eighty eight.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Richard B. Lorraine being a (1) Graduate of Edinburgh University, and being in actual practice as a (2) Medical practitioner hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution 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 (Pauper) is a (5) lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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 dull and melancholy. says she cannot sleep, and fancies she cannot work to keep her house clean. Blames her master for worrying her and making her sad and melancholy. Does not like to see any one.

(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 Black says she is morbidly depressed and melancholic, and is filled with suspicions.

Name and Medical Designation, Richard B. Lorraine MB CM

Place of Abode, 16 Castle St Dumfries

DATED this Twenty third day of April, One thousand eight hundred and eighty eight.

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 M'William Inspector of Poor Carlaverock Certificates under the hands of Alexander Dall 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) Janet Craig, Gleneagle, Carlaverock (a Pauper) and that the said Janet Craig 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 Janet Craig 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 Craig which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twenty fourth day of April, One thousand eight hundred and eighty eight.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Janet Craig

Date of Admission, 23 April 1888

Haddale

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the Shire~~ of Dumfries & Galloway and his Substitutes,

The Petition of Archibald Dempster, Inspector of Poor, City Parish Glasgow

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Gardiner or McGugan, Pauper residing at 55 Raglan Street Glasgow, ~~your Petitioner's~~ (2) chargeable to said 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 Ann Gardiner or McGugan to the Crichton Royal Asylum, Dumfries and to sanction her admission into the said Asylum.

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) A. Dempster

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 25th (3) day of April, One thousand eight hundred and 88.

STATEMENT.

If any 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 Gardiner or McGugan.
2. Sex and Age,	Female. 31 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,	55 Raglan Street Glasgow.
7. Place where Found and Examined,	55 Raglan Street & 318 Parliamenten Road Glasgow.
8. Length of time Insane,	A few days.
9. Whether First Attack,	No.
10. Age (if known) on First Attack,	26 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	1883. In Rainhill Asylum, Liverpool.
12. Duration of Existing Attack,	A few days
13. Supposed Cause,	Intemperance.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish Glasgow.
18. Date of becoming Chargeable,	25th April 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Hugh McGugan, resides at 55 Raglan Street Glasgow. Mother at present in Rainhill Asylum Liverpool.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 23rd day of April One thousand eight hundred and 88.

(To be signed by the Party applying) A. Dempster

Inspector of Poor, City Parish 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, Robert Orr being a (1) Graduate in Medicine of Glasgow Univ. & a Licentiate of the College of Surgeons, Edin. and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 55 Raglan Glasgow in the County of Lanark separately from any other Medical Practitioner visited and personally examined (4) Ann Gardiner or McGugan Pauper, of 55 Raglan St. Glasgow and that the said Ann Gardiner or McGugan is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(4) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Is much excited Is rambling & incoherent in her conversation, unfit to take care of herself. — Physical health good. —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Husband states that she has of late threatened to take her life by drinking Laudanum that she has been confined in an asylum before.

Name and Medical Designation, Robert Orr M.D.

Place of Abode, 330 St. George's Rd., Glasgow

DATED this 23d day of April One thousand eight hundred and 88.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 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) Ann Gardiner McGugan, Pauper lately residing at 55 Raglan St, Glasgow and that the said Ann Gardiner McGugan 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 in a most incoherent & rambling way. thinks there are Canaries in her inside, that she is Lady Blood, and that Robert Burns the Poet is her brother & is quite incapable of taking care of herself, and is dangerous to

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has been twice in an Asylum before

Name and Medical Designation, Geo Buchan M.D.

Place of Abode House, Town's Hospital, Glasgow

DATED this 25th day of April, — One thousand eight hundred and 88.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Robert Orr being (1) a Graduate in Medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) 55 Raglan St, Glasgow in the County of Lanark; seen and personally examined Ann Gardiner or McGugan, and that the said person is of unsound mind, and 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 Orr M.D. Surgeon.

DATED this 26th day of April, One thousand eight hundred and 58.

(1) 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 Kerries Shortt Esq. Sheriff Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (3) Archibald Dempster, Inspector of Poor City Parish, Glasgow. Certificates under the hands of Robert Orr, and George Buchan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Gardiner or McGugan 55 Raglan St Glasgow and that the said Ann Gardiner or McGugan is a (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 Gardiner or McGugan 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 Ann Gardiner or McGugan, which accompanied the said Petition.

DATED this Twenty sixth day of April, One thousand eight hundred and Eighty eight years.

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries. W. Y. K. Shortt

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 5181.

Ann Gardiner or
Mc Gugan
City Parish. Glasgow.
Admitted 25 April 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) of Renfrew and Bute, *and his Substitutes,*—

The Petition of John Millar Engineer residing in Paisley humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Millar your Petitioner's (3) Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Millar 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.

(To be signed by the Party applying) John Millar

(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 April One thousand eight hundred and eighty eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas Millar
2. Sex and Age,	Male - Age 34
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Engineer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	2 Christie st Paisley
7. Place where Found and Examined,	do do do
8. Length of time Insane,	About 5 weeks
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	34 years of age
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Never under treatment previously
12. Duration of Existing Attack,	About 5 weeks
13. Supposed Cause,	He had a fall about 2 years ago when he was severely injured.
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,	John Millar Engineer residing 1 Garthland st his Grandson 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 27th day of April One thousand eight hundred and eighty eight

To be signed by the Party applying) John Millar

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, James Bruce being a (1) Graduate in Medicine and master of Surgery and being in actual practice as a (2) General practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 2 Christie Street Paisley in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Thomas Millar and that the said Thomas Millar is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 manner of speech is that of an unsound person; and he tells me he liked his recent visit to Liverpool very much. Only the jumping into the water frequently annoyed him —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife tells me he gets into violent passion threatening to break the glass of the windows, and his Conduct Generally is that of a person of unsound mind

Name and Medical Designation, James Bruce M.D.

Place of Abode, 44 High St. Paisley

DATED this 26th day of April One thousand eight hundred and Eighty Eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Donald Fraser being a (1) Graduate in Medicine of the University of and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 2 Christie Street Paisley Renfrew in the County of separately from any other Medical Practitioner, visited and personally examined (4) Thomas Millar 2 Christie Street Paisley and that the said Thomas Millar is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Though not forty years old he hurists in saying that he is married. He informs me that he has dug his [illegible] in the garden into which he is going to put two cars of to grow snowdrops crocus etc. The garden is not his

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife informs me that he has attempted violence to her & to her sister in law — that two nights he seized the drum in a salvation army procession & it etc etc

Name and Medical Designation, D. Fraser M.D.

Place of Abode 3 Orr Square Paisley

DATED this twentyseventh day of April One thousand eight hundred and eightyeight 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 Bruce
being (1) Bachelor of Medicine and Master in Surgery
hereby certify, on soul and conscience, that I have this day, at (2) 2 Charlotte St. Paisley
in the County of Renfrew, seen and personally examined
Thomas Miller, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Bruce MB CM

Dated this 26th day of April One thousand eight hundred and Eighty Eight.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Hamilton Dunn (3) Sheriff Substitute
of the (4) Renfrew Write ~~or~~
having had produced to me, with a Petition at the instance of (5) John Miller
Engineer ~~Engineer~~ residing in Paisley
Certificates under the hands of James Bruce MB CM Paisley
and Donald Fraser MB Paisley, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6)
Thomas Miller and that the said
Thomas Miller 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 Thomas Miller as a Patient into the ~~Asylum~~ Royal Asylum of ~~Institution~~ Dumfries 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 Thomas Miller which accompanied the said Petition. three printed words deleted one written word deleted before signing

Dated this twenty seventh day of April One thousand eight hundred and eighty eight

Jas H Dunn

To the Superintendent of the (8) Asylum of Crichton Royal Institution Dumfries

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(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(8) Public, District, Parochial, or Private.
(8) Public, District, Parochial, or Private.

No. 5182.

Thomas Miller

Admitted 27 April 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Shire~~ of Dumfries & Galloway *and his Substitutes*—

The Petition of Archibald Dempster, Inspector of Poor, City Parish, Glasgow,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Docherty, Pauper, residing at 16, East Hill Street, Camlachie, Glasgow, ~~your Petitioner's~~ chargeable to said parish

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Docherty, Pauper, to the Crichton Royal Asylum, Dumfries, and to sanction his admission into the said Asylum.

(To be signed by the Party applying) A. Dempster

(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 April One thousand eight hundred and 88.

STATEMENT.

If any 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 Docherty.
2. Sex and Age,	Male. 31½ years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Moulder.
5. Religious Persuasion, so far as known,	Roman Catholic.
6. Previous Place of Abode,	16 East Hill Street Camlachie Glasgow
7. Place where Found and Examined,	16 East Hill Street & 513 Parliamentary Road, Glasgow.
8. Length of time Insane,	A few days.
9. Whether First Attack,	no.
10. Age (if known) on First Attack,	31 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	1887. Inbrenock Parochial Asylum.
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,	yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish Glasgow
18. Date of becoming Chargeable,	27th April 1888.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	His father, Daniel Docherty resides at 16 East Hill street, Glasgow.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 26th day of April One thousand eight hundred and 88.

(To be signed by the Party applying) A. Dempster

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, David Couper, being a (1) Doctor of Medicine of Glasgow University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 16 East Hill Street Glasgow in the County of Lanark, separately from any other Medical Practitioner, visited and personally examined (4) James Docherty, 16, East Hill Street Glasgow and that the said James 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is very melancholy and dejected in his appearance; I have examined him three separate times but I get hardly any information from him; will not work although he is in good health but lies in bed all day.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His mother Elizabeth MacAllister or Doc[illegible] alleges that he has been confined in an asylum before; that he is occasionally excitable and difficult to control; that he [illegible] bed all day and passes his motions there.

Name and Medical Designation, David Couper M[illegible]

Place of Abode, 9, Seton Terrace, Glas[illegible]

DATED this twenty sixth day of April One thousand eight hundred and eighty eight 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, Geo Buchan being a (1) Graduate in Medicine of Glasgow University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 318 Parliamentary Road, Glasgow in the County of Lanark, separately from any other Medical Practitioner, visited and personally examined (4) James Docherty, Pauper [illegible] residing at 16 East Hill St. Glasgow, and that the said James Docherty, 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) Is a voice hearer & is easily excited, hears voices telling him to do away with him[illegible] they come to him at night. and annoy [illegible] is quite incapable of taken care of himself [illegible] is [illegible] to [illegible]

(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, Geo Buchan M.D.

Place of Abode House, Lowris Hospital, [illegible]

DATED this 27th day of April One thousand eight hundred and 88

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, David Couper
being (1) Doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (2) 16, East Hill Street Glasgow
in the County of Lanark, seen and personally examined
James 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.

David Couper M.D.

DATED this twentysixth day of April, One thousand eight hundred and eighty eight 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) Archibald Dempster, Inspector of Poor City Parish Glasgow
Certificates under the hands of David Couper
and George Buchan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Docherty, 3 East Hill Street, Camlachie Glasgow and that the said James Docherty is a (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 Docherty 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 Docherty, which accompanied the said Petition.

DATED this Twenty eighth day of April, One thousand eight hundred and eighty eight.

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. 5183.

James Doherty

City Parish Glasgow

admitted 27 April 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) 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 Jessie Irving, — your Petitioner's (3) Parker, — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jessie Irving, — to the S.C. Asylum, — and to sanction her admission into the said Asylum. Two words delete.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) Miles McInnes

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 1st (4) day of May — One thousand eight hundred and Eighty Eight 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,	Jessie Irving.
2. Sex and Age,	Female — 56 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Charwoman.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	13 Friars Vennel.
7. Place where Found and Examined,	Dumfries Poorhouse.
8. Length of time Insane,	—
9. Whether First Attack,	Yes
0. Age (if known) on First Attack,	—
1. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	—
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,	20th April 1888.
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,	Not known
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 30th day of April — One thousand eight hundred and Eighty Eight Years. —

(*To be signed by the Party applying*) Miles McInnes
Inspector of Poor
Dumfries

P. T.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Marshall being a (1) Graduate of Faculty of Physicians and Surgeons Glasgow. and College of St. Andrews and being in actual practice as a (2) Physician and Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Poorhouse Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jessie Irving and that the said Jessie 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 Looks Quite insane. Seems morose unconscious of the meaning of Question &c

(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 Poorhouse states she broke away from the house morning & became Quite outrageous restrained

Name and Medical Designation, W. Marshall M.D.

Place of Abode, Buccleuch St Dumfries

DATED this Thirtieth day of April, One thousand eight hundred and eighty eight years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) The South Counties Asylum. Dumfries, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jessie Irving. a p[illegible] and that the said Jessie 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) Her imbecile appearance & inability to understand Questions. Talks incoherently.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr. McInnes. informs me that she became so excited & unmanageable in the poor house that she had to be removed to the Asylum

Name and Medical Designation, John Smith M.D.

Place of Abode 14 Castle St. Dumfries

DATED this First day of May One thousand eight hundred and eighty eight 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) Graduate of Faculty of Physicians & Surgeons Glasgow and College of St. Andrews hereby certify, on soul and conscience, that I have this day, at (2) Poorhouse Dumfries in the County of Dumfries, , seen and personally examined Jessie Irving , and that the said Jessie Irving person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Marshall McIdge

DATED this Thirtieth day of April One thousand eight hundred and Eighty Eight 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 James Smith, , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jessie Irving, Dumfries Poor House, Dumfries (a pauper) and that the said Jessie 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 Jessie 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 Jessie Irving, which accompanied the said Petition.

DATED this Second day of May, One thousand eight hundred and eighty eight 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. 5184.

Jessie Irving

Dumfries

Admitted 30th April 1888

MEDICAL CERTIFICATE.

State Medical Qualification.

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 William Douglas McCririe at present a Patient in said Asylum, and with respect to his Mental State that he labours under morbid mental depression. He has the expression of face, manner and attitude of a man suffering from melancholia. ; and with respect to his Bodily Health and Condition that they are weak.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries.

T. S. Clouston M.D. F.R.C.P.E.

DATED this 24th day of April One thousand eight hundred and 88.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

Insert whose instance [illegible] detained, or the [illegible] Relative of the [illegible] the Inspector of Parish by which the ex[illegible] maintenance of [illegible] defrayed.

Application having been made to the Board by (1) the Inspector of Poor, parish of Dumfries to authorize the transfer of William Douglas McCririe from the Royal Edinburgh Asylum to the Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said William Douglas McCririe as requested.

(1) Valid for fourteen days [illegible] date.

John Sibbald Commissioner.

DATED at Edinburgh, this 28th day of April One thousand eight hundred and eighty eight.

Date of Sheriff's Order,

23rd March 1888.

PARROCHIAL BOARD OFFICE 19 APR. 88 DUMFRIES.

9457.

[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, Inspector of Poor, Dumfries being desirous to transfer William Douglas McCririe at present a Patient in Royal Asylum Morningside and (¹) a pauper Lunatic of the Parish of which I am Inspector from the said Asylum to the S.C. Asylum Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said William Douglas McCririe and a Medical Certificate with respect to his mental and bodily condition.

Miles McInnes

(²) Insp of Poor

DATED at Dumfries this 27th day of April One thousand eight hundred and Eighty Eight Years

(¹) If Lunatic is detained at my whose nearest kn am. If Lunatic a Pauper Lunatic of which I am Poor.

(²) State degree ship, or other capa Applicant stands

STATEMENT.

1. Christian Name and Surname of Patient at length,	William Douglas McCririe
2. Sex and Age,	Male age 34 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and Previous Occupation (if any),	Commercial Traveller
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	22 March 1888
7. Length of time Insane,	About one month
8. Whether first Attack,	Yes
9. Age (if known) on first Attack,	See No. 2
10. Duration of existing Attack,	About one month
11. Supposed Cause,	Not Known
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,	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,	Wife. Janet Ross or McCr residing at 1 Polwarth Cr not Known

Admitted 3 May 1888

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 24th day of April One thousand eight hundred and Eighty Eight Years

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Archibald Dempster, Inspector of Poor, City Parish Glasgow, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Neil Mc Intyre, Pauper, residing at 24 Coulter's Lane Glasgow, - presently chargeable to said 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 Neil Mc Intyre, Pauper, — to the Crichton Royal Asylum, Dumfries, and to sanction his admission into the said Asylum.

(3) State degree of ~~your Petitioner's~~ Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) A Dempster

(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 May — One thousand eight hundred and 88.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Neil Mc Intyre.
2. Sex and Age,	Male, 24 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	No occupation.
5. Religious Persuasion, so far as known.	Protestant.
6. Previous Place of Abode,	24, Coulter's Lane Glasgow.
7. Place where Found and Examined,	24 Coulter's Lane & 318 Parliamentary Road, Glasgow.
8. Length of time Insane,	Since Boyhood.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	Since boyhood.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	Not previously under treatment.
12. Duration of Existing Attack,	Since boyhood.
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,	City Parish Glasgow.
18. Date of becoming Chargeable,	4th May 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Mc Intyre resides at 24 Coulter's Lane, Glasgow.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 30 day of May — One thousand eight hundred and 88.

(To be signed by the Party applying) A Dempster

Inspector of Poor, City Parish, 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.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Smellie
being a (1) Medical 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) 24 Coultens Lane, Glasgow, in the County of Lanark, separately from any other Medical Practitioner, visited and personally examined (4) Neil McIntyre, pauper, 24 Coultens Lane, Glasgow, and that the said Neil McIntyre is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Stands fixed & unmovable - Quite & mute - wont answer a direct question.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

His father says that he imagines every body is looking at him & speaking about him - that at times he is violent & excited, muttering to himself, & that he attempted to stab him with a knife.

Name and Medical Designation, James Smellie M.D.

Place of Abode, 198 Duke Street, Glasgow

DATED this 3rd day of May One thousand eight hundred and 88

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Geo Buchan
being a (1) Graduate in Medicine of Glasgow University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 318 Parliamentary Road, Glasgow, in the County of Lanark, separately from any other Medical Practitioner, visited and personally examined (4) Neil McIntyre, Pauper lately residing at 24 Coultens Lane, Glasgow and that the said Neil McIntyre, Pauper is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Thinks that a woman is conspiring against him and his father and he is determined to kill his father rather than this woman should get the mastery, is a voice hearer, and is violent & dangerous to others.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Geo Buchan M.D.

Place of Abode House, Lunatic Hospital

DATED this 4th day of May One thousand eight hundred and 88.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Smellie, being (1) a Medical graduate of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) 24 Coulter's Lane, Glasgow, in the County of Lanark, seen and personally examined Neil McIntyre, and that the said person is of unsound mind, and 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 Smellie, M.D.

DATED this 25 day of May One thousand eight hundred and 88.

(1) 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) Archibald Dempster Inspector of Poor, City Parish, Glasgow, Certificates under the hands of James Smellie and George Buchan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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) Neil McIntyre, 24 Coulter's Lane Glasgow, (a pauper) and that the said Neil McIntyre 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 Neil McIntyre as a Patient into the (8) Public Asylum of Southern Counties, Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Neil McIntyre, which accompanied the said Petition.

DATED this Fifth day of May One thousand eight hundred and eighty eight years.

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.

Neil M. Wright

City Parish. Glasgow

Admitted 4 May 1888

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N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Lanark *and his Substitutes,*—

The Petition of Andrew Thomson Day Assistant Inspector of Poor City Parish Glasgow humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that John Coffield presently an inmate of the City Parish Poorhouse Glasgow and presently chargeable to the City Parish Glasgow as a Pauper ~~your Petitioner's~~ (3) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Coffield Pauper to the ~~Glasgow Royal Asylum Gartnavel~~ A. (Christian Institution Dumfries) D. 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) Andrew Thomson Day

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this ~~Sixth~~ Ninth (4) day of May One thousand eight hundred and eighty eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Coffield.
2. Sex and Age,	Male. 48 years.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Hawker.
5. Religious Persuasion, so far as known,	Roman Catholic.
6. Previous Place of Abode,	City Parish Poorhouse Glasgow late of 27 King Street City.
7. Place where Found and Examined,	City Parish Poorhouse Glasgow.
8. Length of time Insane,	a few days
9. Whether First Attack,	yes
0. Age (if known) on First Attack,	48 years.
1. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	not previously under treatment.
2. Duration of Existing Attack,	a few days
3. Supposed Cause,	unknown.
4. Whether subject to Epilepsy,	no.
5. Whether Suicidal,	yes.
6. Whether Dangerous to others,	yes.
7. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish Glasgow.
8. Date of becoming Chargeable,	6th May 1889.
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,	Wife Ann Millarky or Campbell residence unknown. Brother Bernard Coffield in Govern Poorhouse.
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 Sixth day of May One thousand eight hundred and eighty eight.

(To be signed by the Party applying) Andrew Thomson Day.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 being a (1) Graduate in Medicine of Glasgow University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) The Town Hospital. Glasgow in the County Lanark separately from any other Medical Practitioner visited and personally examined (4) John Coffield Pauper a patient thereof and that the said John Coffield 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) Is very violent at times, in fact unmanageable thinks people are conspiring against him to rob him, [illegible] and smother him &c. is dangerous to himself and others

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Nurse tells me he is very sleepless rows the top of his voice for the Police that they are going to [illegible] him &c

Name and Medical Designation, Geo Buchan M.D.

Place of Abode, House, Lowis Hospital

DATED this 6th day of May One thousand eight hundred and 88

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Meehan being a (1) Graduate in Medicine of Glasgow University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 318 Parliamentary Road Glasgow in the County Lanark separately from any other Medical Practitioner visited and personally examined (4) John Coffield. Pauper. a patient thereof and that the said John Coffield is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks in an incoherent manner. Cannot answer questions, put suspects every one is going to rob and murder him. He is totally incapable of taking care of himself

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The nurse told me he ~~was~~ suspected he was being killed & continually kept crying out for assistance.

Name and Medical Designation, Joseph Meehan M.B.

Place of Abode 318 Parliamentary Road Glasgow

DATED this 6th day of May One thousand eight hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Geo Buchan being (1) A Graduate in Medicin of Glasg University hereby certify, on soul and conscience, that I have this day, at (2) the Town's Hospital Glasgow in the County of Lanark, seen and personally examined John Coffield 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.

Geo Buchan M.D.

DATED this 6th day of May One thousand eight hundred and 88

(1) 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 (3) Sheriff Substitute of the (4) County of Lanark having had produced to me, with a Petition at the instance of (5) Andrew Thomson Day Assistant Inspector of Poor Ate Parish Glasgow Certificates under the hands of Geo. Buchan and Joseph Mechan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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 Coffield presently an inmate of City Parish Poorhouse and that the said John Coffield (Pauper) is a (7) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Coffield as a Patient into the (8) Crichton Royal ~~Asylum at~~ Institution Dumfries and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Coffield which accompanied the said Petition.

DATED this Ninth day of May One thousand eight hundred and eighty eight

Seal

D D Balfour

To the Superintendent of the (9) Crichton Royal ~~Asylum at~~ Institution Dumfries

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(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(8) Public, District, Parochial, or Private.
(9) Public, District, Parochial, or Private.

Ann Coffield

City Parish. Glasgow.

Admitted 9 May 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

...er or Steward. ...ire Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) ~~Shire~~ *of* Dumfries and Galloway *and his Substitutes,—*

The Petition of James Dunsmore

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert McClune

Sta... degree of ...p or other ...y which Peti... ...ls 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 Robert McClune to the Southern Counties Asylum, Dumfries and to sanction his admission into the said Asylum.

James Dunsmore Inspector of poor Sorbie

The ...ate of the ...n ...t be with... ...rted clear days ...ng ...e dates of ...ed ...l Certifi...

DATED this Ninth (4) day of May One thousand eight hundred and Eighty Eight

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

...hri...ian Name and Surname of Patient at ...ength,	Robert McClune
...ex ...d Age,	Male. 26 years
...ar...d, Single, or Widowed,	Single
...on...ion of Life, and previous Occupation (...any),	Out door Labourer
...eli...ous Persuasion, so far as known,	Protestant
...rev...us Place of Abode,	Sorbie Village
...lac...where Found and Examined,	Sorbie Village
...en...n of time Insane,	
...Whe...er First Attack,	No
...ge ...f known) on First Attack,	18 years
...Whe...and where previously under Examina...ti... and Treatment,	Oct 20th 1880. Southern Counties Asylum Dumfries
...Dura...on of Existing Attack,	
...Supp...ed Cause,	
...Whe...er subject to Epilepsy,	No
...Whe...er Suicidal,	
...Whe...er Dangerous to others,	Rather
...Paris...or Union to which the Lunatic (if a ...Pa...per) is Chargeable,	Sorbie Parish
...Date ...f becoming Chargeable,	May 8th 1888
...Chris...an Name and Surname, and Place of A...de of nearest known Relative of the P...ent, and degree of Relationship (if kn...wn), and whether any Member of F...ily known to be or to have been In...sa...,	Thomas McClune, Sorbie Village, Father None Insane
...Speci... circumstances (if any) preventing the in...tion of any of the above particulars,	

I ce...fy, that, to the best of my knowledge, the above particulars are correctly stated.

DAT...D this Ninth day of May One thousand eight hundred and 88

(*To be signed by Party applying*) James Dunsmore

Inspector of poor Sorbie

P.P.

Chas Parish. 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, John Robert Dobie being a (1) Bachelor of Medicine and a Master in Surgery of Edinburgh University and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Sorbie Village in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Robert McClure, a pauper residing in Sorbie Village and the said Robert McClure is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, 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 — talks incoherently — says that individuals meant to attack him — his expression is sinister and threatening.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Maggie Melvin or McClure, a neighbour says that he threatens people and at times throws stones at them — causes incoherent & occasionally gets very irritable, refuses [illegible]

Name and Medical Designation, John Robert Dobie

Place of Abode, Whithorn

DATED this eighth day of May One thousand eight hundred and eighty eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 [illegible] and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Sorbie in the Parish of Sorbie in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Robert McClure, Sorbie Village, pauper and the said Robert McClure is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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, [illegible] at times, swears dreadfully & threatens to commit violence.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: Margaret Melvin or McClure his sister. [illegible] says he gets no sleep. imagines the house [illegible] rounded by Soldiers, attempts to commit violence by throwing stones at people passing the house.

Name and Medical Designation, John C. Douglas. M.D. [illegible]

Place of Abode St. Ninians. Whithorn

DATED this Eighth day of May One thousand eight hundred and eighty eight 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) James Dunsmore Inspector of Poor, Sorbie
Certificates under the hands of John Robert Dobie M.B. Whithorn
and John C. Douglas M.D. 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, Pauper and that the said
Robert McClune 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 Robert McClune as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert McClune which accompanied the said Petition.

DATED this Ninth day of May One thousand eight hundred and eighty eight years

(Sgd.) John Doig. 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.

Robert McClure.
Sorbie.
Admitted 10 May 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Wigtown *and his Substitutes,*—

The Petition of George Dickson Baillie

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Barron or Gibson your Petitioner's (3) was as 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 Mary Barron or Gibson to the Crichton Royal Institution and Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Geo. D. Baillie

(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 May One thousand eight hundred and eighty eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Barron or Gibson
2. Sex and Age,	female 53 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,	15 St. Andrews St. Stranraer
7. Place where Found and Examined,	Do. Do.
8. Length of time Insane,	Growing upon her about three months
9. Whether First Attack,	first
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	—
12. Duration of Existing Attack,	about three months
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,	Stranraer
18. Date of becoming Chargeable,	May 9th 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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, John Gibson, Carter 15 St. Andrews 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 Ninth day of May One thousand eight hundred and eighty-eight.

To be signed by the Party applying) Geo. D. Baillie Insp. of Poor, Stranraer

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, George Scott
being a (1) M.B. & C.M. 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) St. Andrews St. Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Mary Barron or Gibson a pauper lunatic and that the said Mary Barron or 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) She is continually complaining & brooding over imaginary trouble. Thinks her stomach is out of place, that it is to the side & that the mouth of it is clean away. She has the idea that she [illegible] all her trouble by taking a little whiskey which sent the wind through & down into her fingers & legs. Goes on saying she is in a bad state, a [illegible] a dangerous state, & thinks her granddaughter who died, was taken away for [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her daughter says she does not sleep well at night, does nothing during day but mourns, tears her hair & clothes. Says that she has thrown [illegible] & other missiles at her, & at her father. Runs out into the garden [illegible] That she had a good appetite till a week ago & that now she is [illegible] inclined to take food unless coaxed to do it.

Name and Medical Designation, George Scott M.B. [illegible]

Place of Abode, 86 George St. Stranraer

DATED this Ninth day of May One thousand eight hundred and Eighty Eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Thomas Mackenzie
being a (1) M.B., C.M. of Edinburgh University

and being in actual practice as a (2) Surgeon
do 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) Mary Barron or Gibson and that the said Mary Barron or 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) She suffers from the delusion that her stomach "out of its place": that it is torn away at the mouth and that she has vomited part of it. She attributes it to her having taken some whisky to [illegible] flatulence and blames herself for her condition. She is melancholic in expression, & continually talks of [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her daughter states that she has more than once [illegible] to injure her and others. The daughter and husband concur in saying [illegible] she is almost quite sleepless at night.

Name and Medical Designation, Thomas Mackenzie M.B. C.M.

Place of Abode George St. Stranraer

DATED this ninth day of May One thousand eight hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William M'Gibbon Esquire (1) Sheriff Substitute
of the (2) County of Wigtown of
having had produced to me, with a Petition at the instance of (3) George Dickson Baillie, Inspector of Poor, Stranraer
Certificates under the hands of George Scott, Surgeon, Stranraer
and M'Kenzie, Surgeon, Stranraer, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Mary Barron or Gibson, a pauper and that the said
Mary Barron or Gibson is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Barron or Gibson as a Patient into the (6) Public Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Barron or Gibson which accompanied the said Petition.

DATED this ninth day of May One thousand eight hundred and eighty eight years

W. M'Gibbon

To the Superintendent of the (7) Public
Counties Asylum of Dumfries
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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 Barrow or Lurton

Stranraer.

Admitted 10 May 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Shire~~ of Dumfries & Galloway and his Substitutes,—

The Petition of William Howard, Assistant Inspector of Poor, City Parish Glasgow,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Samuel McLean, Pauper, residing at 27 Wesleyan Street, Glasgow, presently chargeable to said Parish,

(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 Samuel McLean, Pauper, —to the Crichton Royal Asylum, Dumfries,—and to sanction his admission into the said Asylum.

(To be signed by the Party applying) William Howard

(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 May —— One thousand eight hundred and 88.

STATEMENT.

If any 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 McLean,
2. Sex and Age,	Male. 56 years.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Protestant. Warper.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	27 Wesleyan Street Glasgow.
7. Place where Found and Examined,	27 Wesleyan Street Glasgow, & 315 Parliamentary Road, Glasgow
8. Length of time Insane,	Two months.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	56 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Not previously under treatment.
12. Duration of Existing Attack,	Two months.
13. Supposed Cause,	Unknown.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish Glasgow.
18. Date of becoming Chargeable,	10 May 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Janet Turner or McLean resides at 27 Wesleyan Street, Glasgow.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 9th day of May —— One thousand eight hundred and 88.

(To be signed by the Party applying) William Howard

Assistant Inspector of Poor, City Parish 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.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Smellie
being a (1) medical graduate of Glasgow Univ
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 27 Wesley
Glasgow,
Lanarkr, separately from any other Medical Practitioner
visited and personally examined (4) Samuel McLean, pauper, 27
Wesleyan Street, Glasgow and the
the said Samuel McLean is a (5) person of
unsound mind and a proper Person to be detained
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 imagining he is being robbed
& over body & that his wife
& daughter have combined for the

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His wife says that at times he is very excitable
& violent & has threatened to cut her throat
& that he imagines he is being robbed &
he threatens to kill every thing & turn them out

Name and Medical Designation, James Smellie, M.D.

Place of Abode, 198 Duke St., Glasgow

DATED this 9th day of May One thousand eight hundred and 88

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Geo Buchan
being a (1) Graduate in Medicine of Glasg Universit
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
Lanark, separately from any other Medical Practitioner
visited and personally examined (4) Samuel McLean Pauper Lu
residing at 27 Wesleyan St. Glasgow, and the
the said Samuel McLean. Pauper is a (5) person
of unsound Mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Thinks all his
friends are conspiring against him and he
is a voice hearer, the voices keeps him
from sleeping at night, on account of these
excites & attacks & strikes his wife or daughter

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Geo Buchan M.D.

Place of Abode House Town's Hospital

DATED this 10th day of May One thousand eight hundred and 88

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Gmelig, being (1) a Medicine graduate of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) 97 Wesleyan St., Glasgow, in the County of Lanark, seen and personally examined Samuel McLean, and that the said person is of unsound mind, and 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 Gmelig, M. D.

DATED this 9th day of May One thousand eight hundred and 88

(1) 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 Howard, assistant inspector of Poor, City Parish, Glasgow, Certificates under the hands of James Gmellie and George Buchan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McLean Pauper 97 Wesleyan Street Glasgow and that the said Samuel McLean a (5) person of unsound mind,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Samuel McLean as a Patient into the (6) Public Asylum of 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 Samuel McLean, which accompanied the said Petition.

DATED this Eleventh day of May One thousand eight hundred and eighty eight years.

David Boyle Hope.

To the Superintendent of the Asylum of (7) 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.

Samuel M'Neil,
City Parish Glasgow
Admitted 10 May 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of Dumfries & Galloway and his Substitutes,—

The Petition of Archibald Dempster, Inspector of Poor, City Parish of Glasgow,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Martin, Pauper, from St Rollox Police office Glasgow, presently chargeable to said 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 William Martin, Pauper, to the Crichton Royal Asylum, Dumfries, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) A Dempster

(4) The date of the Petition must be within a fourteen clear days following the dates of the Medical Certificates.

DATED this 16th (4) day of May, One thousand eight hundred and Eighty Eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Martin.
2. Sex and Age,	Male. 27 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Labourer.
5. Religious Persuasion, so far as known,	Roman Catholic.
6. Previous Place of Abode,	From St Rollox Police Office, Glasgow
7. Place where Found and Examined,	31 Parliamentary Road, Glasgow.
8. Length of time Insane,	A few days.
9. Whether First Attack,	First attack.
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*],	Not previously, so far as known.
12. Duration of Existing Attack,	A few days.
13. Supposed Cause,	Sunstroke, received in Egypt.
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,	City Parish, Glasgow.
18. Date of becoming Chargeable,	16th May 1888.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mother, Mrs Martin, resides at 21 Maitland Street, Bowcaddens, Glasgow.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 16th day of May One thousand eight hundred and Eighty Eight.

(To be signed by the Party applying) A Dempster

Inspector of Poor, City Parish 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 being a (1) Graduate in Medicine of Glasgow Univ 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) William Martin, Pauper late of St Rollox Police Office, and that the said Wm Martin, 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) Is a voice he[illegible] they tell him to do this & that, and also to [illegible] himself, thinks everybody is following and [illegible] people come & put something like Pepper on [illegible] to hurt him, Cry & laughs, is dangerous to [illegible] & other [illegible] take [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Policeman tells me he came into the Police office St Rollox saying men were following him &

Name and Medical Designation, Geo Buchan M.D.

Place of Abode House, Lowns Hospital, Gl[illegible]

DATED this 16th day of May one thousand eight hundred and 88

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Meehan being a (1) Graduate in Medicine of the Glasgow University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 318 Parliamentary Road in the County of Lanarkshire separately from any other Medical Practitioner, visited and personally examined (4) William Martin, Pauper late of St Rollox Police Office and that the said William Martin is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He thinks that people are running after him that vehicles in the street are running over him. He will stop in his speaking and weep like a child. He cannot take care of himself.

(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, Joseph Meehan M.B.Ch.

Place of Abode 318 Parliamentary Road Glas[illegible]

DATED this 16th day of May one thousand eight hundred and 88

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Geo Buchan
being (1) a Graduate in Medicine of Glasgow
hereby certify, on soul and conscience, that I have this day, at (2) 318 Parliamentary Road
in the County of Lanark, seen and personally examined
William Martin Pauper, and that the said Glasgow
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Geo Buchan M.D.

Dated this 16th day of May — One thousand eight hundred and 88.

(1) 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) Archibald
Dempster, Inspector of Poor, City Parish, Glasgow,
Certificates under the hands of George Buchan,
and Joseph Mechan, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Martin, 11 Rollox Police Office, Glasgow (a pauper) and that the said William Martin, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Martin, as a Patient into the (6) Public Asylum of Southern Counties, Dumfries, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Martin, which accompanied the said Petition.

Dated this Seventeenth day of May, One thousand eight hundred and Eighty eight 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.

William Martin

City Parish, Glasgow.

Admitted 16 May 1888

N.B.—This Form shall remain in the Keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of Dumfries ~~Galloway~~ ~~of the~~ (2) ~~Stewartry~~ and his Substitutes—

The Petition of Archibald Dempster, Inspector of Poor, City Parish Glasgow,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Gillespie pauper, ~~residence at~~ (unknown) from Central Police Office Glasgow, presently chargeable to said parish,

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Gillespie, pauper, to the Crichton Royal Asylum, Dumfries, and to sanction his admission into the said Asylum.

(To be signed by the Party applying) A Dempster

(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 Eighty eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Gillespie.
2. Sex and Age,	Male. 52 years.
3. Married, Single, or Widowed,	married.
4. Condition of Life, and previous Occupation (if any),	Boot Closer.
5. Religious Persuasion, so far as known,	Unknown.
6. Previous Place of Abode,	From Central Police Office. Glasgow.
7. Place where Found and Examined,	31 Parliamentary Road. Glasgow,
8. Length of time Insane,	a few days.
9. Whether First Attack,	unknown.
10. Age (if known) on First Attack,	Unknown.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	Unknown.
12. Duration of Existing Attack,	A few days, so far as known.
13. Supposed Cause,	Intemperance.
14. Whether subject to Epilepsy,	Unknown.
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish, Glasgow.
18. Date of becoming Chargeable,	16th May 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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 relations known.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowlelge, the above particulars are correctly stated.

DATED this 16th day of May — One thousand eight hundred and Eighty eight.

(To be signed by the Party applying) A Dempster

Inspector of Poor, City Parish, Glasgow.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Geo Buchan, being a (1) Graduate in Medicine of Glasgow Univer 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) James Gillespie, Pauper late of the Central Police Chambers, Glasgow and that the said James Gillespie, Pauper is a (5) person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Knows nothing Cant answer questions, raves & roars at top of his voice is wild & excitable is dan and quite incapable of taking Care of himself

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Geo Buchan M.B.

Place of Abode, House, Town's Hospital, Glasgow

Dated this 16th day of May One thousand eight hundred and 88

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Joseph Meehan being a (1) graduated in medicine of Glasgow University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 318 Parliamentary Road Glasgow in the County of Lanark separately from any other Medical Practitioner visited and personally examined (4) James Gillespie Pauper late of the Central Police Chambers Glasgow and that the said James Gillespie Pauper is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) He talks in an incoherent manner. Is unable to answer questions put to him. He is very excited and dangerous. Quite incapable of taking care of himself

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Joseph Meehan M.B.

Place of Abode, Town's Hospital, Glasgow.

Dated this 16th day of May One thousand eight hundred and 88

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or 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, Geo Buchan being (1) a Graduate in Medicine of Glas Universit hereby certify, on soul and conscience, that I have this day, at (2) 318 Parliamentary Road in the County of Lanark, seen and personally examined Glassow James Gillespie, 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.

Geo Buchan M.D.

Dated this 16th day of May One thousand eight hundred and 88.

(1) 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) Archibald Dempster, Inspector of Poor, City Parish Glasgow, Certificates under the hands of George Buchan and Joseph Mechan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Gillespie, Central Police Office, Glasgow, (a pauper) and that the said James Gillespie is a (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 Gillespie 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 James Gillespie which accompanied the said Petition.

Dated this Seventeenth day of May One thousand eight hundred and Eighty eight 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: 5192.

James Gillespie

City Parish of Glasgow

Admitted 16 May 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) 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 Elizabeth Hamilton or ~~Mill~~ Allan, 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 Hamilton or Allan, to the Southern Counties Asylum and to sanction her admission into the said Asylum. Three Words delete.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) Miles McInnes

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 18th (4) day of May One thousand eight hundred and Eighty Eight 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 Hamilton or Allan
2. Sex and Age,	Female 50 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	" Hawker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	13 Friars' Vennel, Dumfries
7. Place where Found and Examined,	do do
8. Length of time Insane,	Cannot tell
9. Whether First Attack,	No
10. Age (if known) on First Attack,	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*],	Twice in S.C. Asylum — the last time she left it a month ago
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 May 1888.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Barony Allan, Hawker, husband, resides 13 Friars' Vennel.
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 May One thousand eight hundred and Eighty Eight 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, John Smith being a (1) Graduate in Medicine of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 13 Friars
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Hamilton
a pauper and that
the said Elizabeth Hamilton or 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Elizabeth was
appearance. refuses to speak.

(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
was during about the house continually & that
refuses to take food, was twice
made of an

Name and Medical Designation, John Smith

Place of Abode, 64 Castle St Dumfries

DATED this 18th day of May One thousand eight
hundred and eighty eight 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
University
and being in actual practice as a (2) Physician and
do hereby certify, on soul and conscience, that I have this day, at (3) 13 Friars
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Hamilton
alias Allan a pauper and that
the said Elizabeth Hamilton or 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She refuses
to speak has a demented
appearance.

(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 she is
anxious to destroy herself.

Name and Medical Designation, J. G. Marshall MD

Place of Abode, Buccleuch St Dumfries

DATED this Eighteenth day of May One thousand eight
hundred and eighty eight 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) 13 Friars Vennel Dumfries
in the County of Dumfries, seen and personally examined
Elizabeth Hamilton or Allan, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD &c.

DATED this 18th day of May One thousand eight hundred and eighty eight 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 John Smith, M.D.
and Joseph Garibaldi Marshall, M.B. &c., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Hamilton or Allan, 13 Friars Vennel, Dumfries (a pauper) and that the said Elizabeth Hamilton or Allan, is a (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 Hamilton or Allan, 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 Elizabeth Hamilton or Allan which accompanied the said Petition.

DATED this Nineteenth day of May One thousand eight hundred and eighty eight 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 Hamilton or
Allan.
Dumfries
Admitted 18 May 1888.

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) Buteshire

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) Joseph. E. Leighton Rothesay

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Margaret Leighton 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 Margaret Leighton 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.

Joseph E. Leighton

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 21st (5) day of May One thousand eight hundred and Eighty Eight 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 Leighton
2. Sex and age,	Female 47 years
3. Married, Single, or Widowed,	Married
4. Condition of Life and previous Occupation (if any),	No occupation
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	Hauxham Northumberland
7. Place where found and examined,	47 Baine Road
8. Length of time Insane,	Six months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	47 years
11. When and where previously under Examination and treatment,	—
12. Duration of Existing Attack,	about 6 months
13. Supposed Cause,	Change of life
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,	Joseph E. Leighton Husband 47 Baine Road — Rothesay
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 21st day of May One thousand eight hundred and Eighty Eight years

(To be signed by the Party applying) Joseph E. Leighton

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, Daniel Reid
being a (1) Licentiate of the Royal College of
Surgeons Edinburgh
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day at (3) 3 Rosemount
Barone Road Rothesay in the County of
Bute separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Leighton wife of Mr
Leighton residing at 3 Rosemount Rothesay and that
the said Mrs Leighton is a (5) person of
unsound mind 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 anxious,
somewhat agitated expression, says she has had
for two months, says she has no brain, heart or
pulse, and is moved solely by the devil who has
taken possession of her

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Husband states that she is sometimes violent,
has taken a knife from her, she said she would
scratch or throw herself into the water, also
that she would cut herself into pieces &c

(7) *State the Information, and from whom derived.*

Name and Medical Designation, D Reid L.R.C.S.E & L.M

Place of Abode, 25 East Princes St Rothesay

DATED this 21st day of May One thousand eight
hundred and Eighty Eight Years

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Norman McLeod Clerk
being a (1) Bachelor of Medicine & Master in Surgery of
the University of Glasgow
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 3 Rosemount
Barone Road - Rothesay in the County of
Bute separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Leighton Wife of
Mr Leighton residing at 3 Rosemount and that
the said Mrs Leighton is a (5) person
of unsound mind 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 looks
preoccupied & uninterested in her immediate
surroundings — talks in an irrational manner, especially
as to her health, — says she is dead & that all her internal organs
are gone & that she is influenced by a "monster inside of her" &c.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
According to the statement of her Husband
she is self willed & stubborn, becoming at times even violent
& she has threatened to drown herself & has attempted to injure
herself with a knife.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, N McLeod Clerk M.B. C.M

Place of Abode, 19 Battery Place - Rothesay

DATED this 21st day of May One thousand eight ~~eight~~ eight
hundred and eighty eight

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, Robert Orr (1) Sheriff Substitute of the (2) Sheriffdom of Renfrew and Bute having had produced to me, with a Petition at the instance of (3) Joseph R. Leighton, Rothesay, Certificates under the hands of Dr Daniel Reid, Rothesay and Dr Norman Gilchrist Clark, Rothesay, 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 Mrs Margaret Leighton, 3 Rosemount, Rothesay and that the Margaret Leighton is a (5) person of unsoun mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you receive the said Margaret Leighton as a Patient into Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the Medical Certificates, and a Statement regarding the said Margaret Leight 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 May One thousand ei hundred and eighty eight

R. O. Orr

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Mrs Margaret Leighton

Date of Admission, 23 May 1888.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) ~~Shire~~ Sheriffdom of Dumfries & Galloway *and his Substitutes,*—

The Petition of Peter Galloway Inspector of Poor. Parish of Mochrum humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander McDowall. Stonemason Kirk of Mochrum 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 McDowall to the Southern Counties Asylum, Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other quality in which Petitioner stands to Lunatic.

Peter Galloway

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twentyfifth (4) day of May One thousand eight hundred and eighty eight

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1.	Christian Name and Surname of Patient at length,	Alexander McDowall
2.	Sex and Age,	Male-45 years
3.	Married, Single, or Widowed,	widowed
4.	Condition of Life, and previous Occupation (if any),	Stonemason
5.	Religious Persuasion, so far as known,	Protestant
6.	Previous Place of Abode,	Kirk of Mochrum
7.	Place where Found and Examined,	Kirk of Mochrum
8.	Length of time Insane,	about 4 weeks
9.	Whether First Attack,	No
10.	Age (if known) on First Attack,	about 42 years
11.	When and where previously under Examination and Treatment,	Kirk of Mochrum
12.	Duration of Existing Attack,	about 4 weeks
13.	Supposed Cause,	Intemperance
14.	Whether subject to Epilepsy,	No
15.	Whether Suicidal,	no
16.	Whether Dangerous to others,	no
17.	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Mochrum
18.	Date of becoming Chargeable,	24th May 1888
19.	Christian Name and Surname, and Place of Abode of nearest known 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 McDowall Labourer Glentrieplock. Father of the patient has two other imbecile sons
20.	Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twentyfifth day of May One thousand eight hundred and eighty eight

(*To be signed by Party applying*) Peter Galloway Inspector of Poor Parish of Mochrum P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Robert Bird Selley being a (1) Doctor of Medicine of Edinburgh University and Licentiate 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) Kirk of Mochrum Village in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Alexander McDowall, a pauper at the said Alexander 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

He said he heard voices speaking in the house and asked if I did not hear them.
Complains of dung carts being emptied about

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Some said there was a hearer & a hell & both were combined against him —
She hears him often shouting & talking in his house alone by himself. — Mrs Wm Neill, wife of Jones, [illegible]

Name and Medical Designation, Robert B. Selley M.D. & L.R.C.S.E.

Place of Abode, Portwilliam

DATED this 24th day of May One thousand eight hundred and eighty eight

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 & Master of 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) Kirk of Mochrum Village in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Alexander McDowall, a Pauper at the said Alexander 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is dull and morose — has a suspicious look — says he has voices & that a spirit whispers to him to do — he was directed by a spirit to go to the name of Mochrum

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

James Livingstone Charteris, Farmer, Pigh Clone, says he shouts & gesticulates at times — says he has commission to go & preach — that he is disturbed by women's voices.

Name and Medical Designation, John Robert Dobie

Place of Abode Whithorn

DATED this 24th day of May One thousand eight hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Dorg Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Peter Galloway
Inspector of Poor, Parish of Mochrum
Certificates under the hands of Robert B. Selby M.D. Portwilliam
and John Robert Bobie 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)
Alexander Mc Dowall Stonemason, Kirkcolm Mochrum, Pauper and that the said
Alexander Mc Dowall is a (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 Mc Dowall 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 Alexander Mc Dowall which accompanied the said Petition.

DATED this twenty fifth day of May One thousand eight hundred and eighty eight

John Dorg L.S.

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No. 5195.

Alexander McDowall

Mochrum.

Admitted 26th May 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries and Galloway, *and his Substitutes,*—

The Petition of Miles Mc Jones, Inspector of Poor, Dumfries,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ada Craig,

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Keeper, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Ada Craig to the Southern Counties Asylum and to sanction her admission into the said Asylum. Two words delete

(To be signed by the Party applying) Miles Mc Jones

(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 May One thousand eight hundred and Eighty Eight 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,	Ada Craig
2. Sex and Age,	Female – 48
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,	Glencaple
7. Place where Found and Examined,	Dumfries Infirmary
8. Length of time Insane,	Cannot tell
9. Whether First Attack,	No
10. Age (if known) on First Attack,	39 years
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	Dumfries S.L. Asylum
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,	26th May 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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,	None.

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 Eight years.

(To be signed by the Party applying) Miles Mc 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, Joseph Garibaldi Marshall being a (1) Graduate in Medicine of Glasgow University and being in actual practice as a (2) Physician and Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Dumfries Galloway Royal Infirmary Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Ada Craig and that the said Ada 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 has an insane appearance. Answers questions incoherently &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The patients in the Ward state & is very restless and wants out of the place to destroy herself

Name and Medical Designation, J G Marshall

Place of Abode, Dumfries

DATED this Twenty sixth day of May One thousand eight hundred and eighty eight years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Mackenzie being a (1) Bachelor in Medicine & Master in Surgery of the University of Aberdeen and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Dumfries Galloway Infirmary, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Ada Craig and that the said Ada Craig is a (5) person unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) The patient is very restless & unsettled. She talks strangely & says she has lost hope in this world & that which is to come &c &c. Has insane appearance

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Am told that she has been formerly in a Lunatic Asylum

Name and Medical Designation, J. Mackenzie M.B.

Place of Abode 14 Castle St. Dum

DATED this 26th day of May One thousand eight hundred and eighty eight years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned Joseph Garibaldi Marshall being (1) Graduate in Medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) Dumfries Infirmary in the County of Dumfries, ——, seen and personally examined Ada Craig ——, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J Garibaldi Marshall MB

DATED this twenty sixth day of May — One thousand eight hundred and eighty eight 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 M'Innes Inspector of Poor Dumfries —— Certificates under the hands of Joseph Garibaldi Marshall and Wm 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) Ada Craig Dumfries Galloway Royal Infirmary —— that the said Ada Craig —— is a (5) Person of unsound mind —— and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ada Craig —— 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 Ada Craig which accompanied the said Petition.

DATED this twenty sixth day of May — One thousand eight hundred and eighty eight years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
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.

No. 5196.

Ada Craig.

Dumfries

Admitted 26th May 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the (2) County~~ of Dumfries Galloway and his Substitutes,—

The Petition of Ann Anderson or Johnstone, Widow, Buccleuch St, Moffat humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Ann Johnstone, 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 Ann 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.

(To be signed by the Party applying) Ann Anderson or Johnstone

DATED this 28th (4) day of May, One thousand eight hundred and eighty eight.

(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 Johnstone.
2. Sex and Age,	Female.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Housework at home
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Buccleuch St Moffat.
7. Place where Found and Examined,	
8. Length of time Insane,	
9. Whether First Attack,	no
0. Age (if known) on First Attack,	not known
1. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Moffat. Southern Counties Asylum Dumfries. twice once previously at Glasgow.
2. Duration of Existing Attack,	a month.
3. Supposed Cause,	none known.
4. Whether subject to Epilepsy,	no.
5. Whether Suicidal,	no.
6. Whether Dangerous to others,	very violent at times.
7. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
8. Date of becoming Chargeable,	
9. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Ann Anderson or Johnstone (Mother), Buccleuch St. Moffat.
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 twenty eighth day of May, One thousand eight hundred and 1888.

(To be signed by the Party applying) Ann Johnstone

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, William Doyle Grange ——
being a (1) Doctor of Medicine & Master in Surgery
of the University of Edinburgh ——
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Buccleuch
Street — Moffat, —— in the County of
Dumfries —— separately from any other Medical Practitioner,
visited and personally examined (4) Mary Ann Johnstone —
of Buccleuch Street 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. :—

1. Facts indicating Insanity observed by myself: (6)
In talking she changes rapidly from one subject to another
with out finishing what she was saying. A wild wicked
look in her eyes. Bad language violent abuse. Says
someone shot an injured hand.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
That she is very violent. Locks her door & sings &c.

Name and Medical Designation, Wm Doyle Grange M.D. C
Place of Abode, Mansfield House Moffat
Dated this twenty eight day of May —— One thousand eight
hundred and eighty eight.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, James Munro ——
being a (1) Member of the Roy al College of Physicians Edin & Licentiate of the Royal College of Surgeons
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Buccleuch
Street Moffat —— in the County of
Dumfries —— separately from any other Medical Practitioner,
visited and personally examined (4) Mary Ann Johnstone
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. :—

1. Facts indicating Insanity observed by myself: (6)
Running about ringing pestles bells — Cursing
& swearing throwing articles of furniture &c
& having been in same before.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The above facts and reports to
be true.

Name and Medical Designation, James Munro. M.D. L.R.C.S.
Place of Abode Moffat
Dated this 28th day of Mar. —— One thousand eight
hundred and eighty eight.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 D'Oyly Grange being (1) Doctor of Medicine & Master in Surgery (Edin) hereby certify, on soul and conscience, that I have this day, at (2) Buccleuch Street Moffat in the County of Dumfries, seen and personally examined Mary Ann 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.

Wm D'Oyly Grange

DATED this twenty eighth day of May One thousand eight hundred and eighty eight.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Ann Anderson or Johnstone Widow Buccleuch Street, Moffat Certificates under the hands of William D'Oyly 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 Ann Johnstone Buccleuch St Moffat (Petrs 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 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 Mary Ann Johnstone, which accompanied the said Petition.

DATED this Twenty ninth day of May One thousand eight hundred and eighty eight.

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. 5197.

Mary ann Johnstone

Admitted 28 May 1888

9500 5.50.131

[FORM B²]

GENERAL BOARD OF LUNACY SCOTLAND 22 MAY 88

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 Archibald Dempster being desirous to transfer Agnes McLetchie at present a Patient in Lochgilphead Asylum, and (¹) a Pauper Lunatic of the Parish of which I am Inspector of Poor 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 Agnes McLetchie 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.

A Dempster

(²) Inspector of Poor City Parish Glasgow

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow this 21st day of May One thousand eight hundred and Eightyeight

STATEMENT.

1.	Christian Name and Surname of Patient at length,	Agnes McLetchie
2.	Sex and Age,	Female, 39 years.
3.	Married, Single, or Widowed,	Single
4.	Condition of Life, and Previous Occupation (if any),	Dressmaker
5.	Religious Persuasion, so far as known,	Protestant
6.	Date of Admission into Asylum,	28 October 1885
7.	Length of time Insane,	12 Years.
8.	Whether first Attack,	Yes.
9.	Age (if known) on first Attack,	27 years.
10.	Duration of existing Attack,	12 years
11.	Supposed Cause,	Fright
12.	Whether subject to Epilepsy,	no
13.	Whether Suicidal,	no
14.	Whether Dangerous to others,	Doubtful
15.	Parish to which the Lunatic (if a Pauper) is Chargeable,	City Parish Glasgow
16.	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Brother Robert McLetchie, about Calderwood Street, Parliamentary Road Glasgow Unknown

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) A Dempster

DATED this 21st day of May One thousand eight hundred and Eightyeight.

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 James Smellie being (1) a Licentiate graduate of Glasgow University hereby certify that I have this day at (2) Rockgilphead Asylum personally examined Agnes McLetchie at present a Patient in said Asylum, and with respect to her Mental State that she has hallucinations of hearing & smell — chronic Mania

; and with respect to Bodily Health and Condition that they both 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 Royal Institution Dumfries

James Smellie

DATED this 17th day of May One thousand eight hundred and 88

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

The foregoing Application having been made to the Board to authorize the transfer of Agnes Mc. Letchie. from Argyll District Asylum to Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within four days from the date hereof, of the said patient as requested.

Commissioner.

DATED at Edinburgh, this 22nd day of May one thousand eight hundred and eighty-eight

Date of Sheriff's Order.

28th August 1845.

No. 5198.
Agnes McLetchie
City Parish, Glasgow.
Admitted 28 May 1888

9501 L. 8. 347

[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 Archibald Dempster
being desirous to transfer Christina Currie
at present a Patient in Lochgilphead Asylum, and (a) a Pauper Lunatic of the Parish of which I am Inspector of Poor from the said Asylum to the Orkney Royal Institution Kirkwall hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Christina Currie and a Medical Certificate with respect to her mental and bodily condition.

(a) *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.

A Dempster

(b) Inspector of Poor City Parish Glasgow

(b) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow this 21st day of May One thousand eight hundred and Eightyeight

STATEMENT.

1.	Christian Name and Surname of Patient at length,	Christina Currie
2.	Sex and Age,	Female, 56 years
3.	Married, Single, or Widowed,	Single
4.	Condition of Life, and Previous Occupation (if any),	Warehouse Girl
5.	Religious Persuasion, so far as known,	Protestant
6.	Date of Admission into Asylum,	28 October 1885
7.	Length of time Insane,	33 years
8.	Whether first Attack,	Yes
9.	Age (if known) on first Attack,	23 years
10.	Duration of existing Attack,	33 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,	City Parish Glasgow
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,	No relations known Unknown

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) A Dempster

DATED this 21st day of May One thousand eight hundred and eightyeight

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 James Smellie being (1) a Medical graduate of Glasgow University hereby certify that I have this day at (2) Lochgilphead Asylum personally examined Christina Currie at present Patient in said Asylum, and with respect to her Mental State that there is incoherency — muttering to herself, a stupid silly facial expression — & obvious dementia.

; and with respect to Bodily Health and Condition that they are much impaired

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

James Smellie

DATED this 17th day of May One thousand eight hundred and 88.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

The foregoing Application having been made to the Board to authorize the transfer of Christina Currie from Argyll District Asylum to Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within four days from the date hereof, of the said patient as requested.

[illegible] Commissioner

DATED at Edinburgh, this 22nd day of May one thousand eight hundred and eighty-eight

Date of Sheriff's Order.

Previous to 1858.

No 5199
Christina Currie
City Parish, Glasgow
admitted 28 May 1888

9480 H 70 176

[FORM B²]

GENERAL BOARD OF LUNACY SCOTLAND 22 MAY 88

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 Archibald Dempster being desirous to transfer Agnes Faulds or Campbell at present a Patient in Lodgilphead Asylum, and (1) a Pauper Lunatic of the Parish of which I am Inspector of Poor 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 Agnes Faulds or Campbell 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.

A Dempster

(2) Inspector of Poor City Parish Glasgow

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow this 21st day of May One thousand eight hundred and Eightyeight

STATEMENT.

1.	Christian Name and Surname of Patient at length,	Agnes Faulds or Campbell
2.	Sex and Age,	Female, 68 years
3.	Married, Single, or Widowed,	Widow.
4.	Condition of Life, and Previous Occupation (if any),	Housewife
5.	Religious Persuasion, so far as known,	Protestant.
6.	Date of Admission into Asylum,	27 November 1885
7.	Length of time Insane,	2½ Years
8.	Whether first Attack,	Yes
9.	Age (if known) on first Attack,	65 Years.
10.	Duration of existing Attack,	2½ years
11.	Supposed Cause,	Rheumatism
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,	City Parish, Glasgow
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,	Daughter Jane, now Mrs Simpson residing at 6 Sharp's Lane Glasgow Not known

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) A Dempster

DATED this 21st day of May One thousand eight hundred and Eightyeight

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 James Gmellie being (1) a medical graduate of Glasgow Univ hereby certify that I have this day at (2) Lochgilphead Asylum personally examined Agnes Faulds or Campbell at present Patient in said Asylum, and with respect to ~~his~~ Mental State that she looks vacant & sad — hallucinations of hearing she says she lost some property & which made her sad — in a state of Melancholia; and with respect to Bodily Health and Condition that they are much impaired & she suffers from Heart Disease.

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

James Gmellie, M.D.

DATED this 17th day of May One thousand eight hundred and 88.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

The foregoing Application having been made to the Board to authorize the transfer of Agnes Faulds or Campbell, from Argyll District Asylum, to Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within fourteen days from the date hereof, of the said patient as requested.

[signature] Commissioner.

DATED at Edinburgh, this 22nd day of May One thousand eight hundred and eighty-eight.

Date of Sheriff's Order.

13th October, 1885.

No 5700
Agnes Faulds or Campbell
City Parish Glasgow
Admitted 28 May 1888

9449. I. 69. 198

[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 Archibald Dempster being desirous to transfer Margaret Cunningham or Hannaghan at present a Patient in Lochgilphead Asylum, and (1) Pauper Lunatic of the Parish of which I am Inspector of Poor, 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 Margaret Cunningham or Hannaghan, and a Medical Certificate with respect to her mental and Bodily condition.

A Dempster

(2) Inspector of Poor City Parish Glasgow.

(1) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow this 21st day of May one thousand eight hundred and Eightyeight

STATEMENT.

1.	Christian Name and Surname of Patient at length,	Margaret Cunningham or Hannaghan
2.	Sex and Age,	Female 28 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.	Date of Admission into Asylum,	27 November 1885
7.	Length of time Insane,	Three Years
8.	Whether first Attack,	Yes
9.	Age (if known) on first Attack,	25 Years
10.	Duration of existing Attack,	Three 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,	City Parish Glasgow
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 Hannaghan, address unknown Unknown.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) A Dempster

DATED this 21st day of May One thousand eight hundred and Eightyeight

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 James Gmellie being (1) a Medical Graduate of Glasgow Univ hereby certify that I have this day at (2) Lockgilphead Asylum personally examined Margaret Cunningham or Flannaghan at present Patient in said Asylum, and with respect to his Mental State that She sp from chronic mania - She so she is 107 years old & that Glasgow belongs to her

; and with respect to Bodily Health and Condition that she is anaemic & thin but has no organic disease

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

James Gmellie, M.

Dated this 17th day of May One thousand hundred and 88.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sher

The foregoing Application having been made to the Board to authorize the tran Margaret Cunningham or Flannagha from Argyll District Asylum to Crichton Royal Institution, and the Board having considered such applicati the accompanying Medical Certificate, do hereby authorize the transfer, within fi days from the date hereof, of the said patient as requested.

[signature] Commissioner.

Dated at Edinburgh, this 22nd day of May One thousand eight hundred and eighty-eight

Date of Sheriff's Order.

20th April, 1885.

Margaret Cunningham or Flannaghan
City Parish Glasgow
Admitted 28 May 1888

No 520
Agr.

9448. I 67.198

[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 Archibald Dempster being desirous to transfer Mary Ann Meiklem at present a Patient in Lockgilphead Asylum, and (¹) a Pauper Lunatic of the Parish of which I am Inspector of Poor 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 Mary Ann Meiklem 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.

A Dempster

(²) Inspector of Poor City Parish Glasgow

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow this 21st day of May One thousand eight hundred and Eightyeight

STATEMENT.

1.	Christian Name and Surname of Patient at length,	Mary Ann Meiklem
2.	Sex and Age,	Female, 32 years
3.	Married, Single, or Widowed,	Single
4.	Condition of Life, and Previous Occupation (if any),	Barmaid
5.	Religious Persuasion, so far as known,	Protestant
6.	Date of Admission into Asylum,	27 November 1885
7.	Length of time Insane,	4 Years.
8.	Whether first Attack,	Yes.
9.	Age (if known) on first Attack,	28 years.
10.	Duration of existing Attack,	4 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,	City Parish, Glasgow
16.	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Brother, James Meiklem at 234 Saracen Street Possilpark Glasgow Unknown

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) A Dempster

DATED this 21st day of May One thousand eight hundred and Eightyeight

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 James Smellie being (1) a medical graduate of Glasgow Univ
hereby certify that I have this day at (2) Rochgilphead Asylum
personally examined Mary Ann Meiklem at pre
Patient in said Asylum, and with respect to his Mental State that she has
hallucinations of hearing — laughing
& is of unsound mind. —

; and with respect
Bodily Health and Condition that they are good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily
dition of the Patient to contraindicate removal to the ~~Asylum~~ of Crichton Roy
Institution, Dumfries

James Smellie M

DATED this 17 day of May One thousand
hundred and 88

SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sher*

The foregoing Application having been made to the Board to authorize the tra
Mary Ann Meiklem
from Argyll District Asylum,
to Crichton Royal Institution
, and the Board having considered such applicati
the accompanying Medical Certificate, do hereby authorize the transfer, within
days from the date hereof, of the said patient as requested.

Commissio

DATED at Edinburgh, this 22nd day of May One
thousand eight hundred and eighty-eight.

Date of Sheriff's Order.

25th April 1884

No. 6202
Mary Ann Meiklem
City Parish Glasgow
admitted 28 May 1888

9447 I. 66. 24

[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 Archibald Dempster being desirous to transfer Jessie Mc Kenzie at present a Patient in Lodgilphead Asylum, and (1) a Pauper Lunatic of the Parish of which I am Inspector of Poor from the said Asylum to the Victoria Royal Institution Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Jessie Mc Kenzie 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.

A Dempster

(2) Inspector of Poor City Parish Glasgow

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow this 21st day of May One thousand eight hundred and Eightyeight

STATEMENT.

1.	Christian Name and Surname of Patient at length,	Jessie Mc Kenzie
2.	Sex and Age,	Female, 31 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.	Date of Admission into Asylum,	27 November 1885.
7.	Length of time Insane,	5 Years.
8.	Whether first Attack,	Yes
9.	Age (if known) on first Attack,	26 years.
10.	Duration of existing Attack,	5 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,	City Parish Glasgow
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, Alexander Mc Kenzie residing at 94 Thistle Street West, Glasgow Not known

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) A Dempster

DATED this 21st day of May One thousand eight hundred and Eightyeight

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 James Smellie being (1) a medical graduate of Glasgow Univ
hereby certify that I have this day at (2) Lochgilphead Asylum
personally examined Jessie McKenzie at pri
Patient in said Asylum, and with respect to his Mental State that She
is deeply demented refuses to
speak.

; and with respect to
Bodily Health and Condition that they are not good
- suffers from Phthisis

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Co
dition of the Patient to contraindicate removal to the ~~Asylum of~~ Crichton Royal
Institution, Dumfries

James Smellie M.D.

DATED this 17th day of May One thousand
hundred and 88

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

The foregoing Application having been made to the Board to authorize the transfer
Jessie Mc. Kenzie
from Argyll District Asylum
to Crichton Royal Institution
, and the Board having considered such application and
the accompanying Medical Certificate, do hereby authorize the transfer, within 5 days
days from the date hereof, of the said patient as requested.

Commissioner.

DATED at Edinburgh, this 22nd day of May One
thousand eight hundred and eighty-eight

Date of Sheriff's Order.

14th June 1883.

No. 5203
Jessie McKenzie
City Parish Glasgow
admitted 28 May 1888

9476 4.55 106

[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 22 MAY 88

I, the undersigned Archibald Dempster being desirous to transfer Helen Wilson or Riddell at present a Patient in Lochgilphead Asylum, and (¹) a Pauper Lunatic of the Parish of which I am Inspector of Poor 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 Helen Wilson or Riddell and a Medical Certificate with respect to her mental and bodily condition.

A Dempster

(²) Inspector of Poor City Parish Glasgow

(¹) If Lunatic is not a Pauper: detained at my instance, or whose nearest known relative I am. If Lunatic is a Pauper: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow, this 21st day of May One thousand eight hundred and Eightyeight

STATEMENT.

1. Christian Name and Surname of Patient at length,	Helen Wilson or Riddell
2. Sex and Age,	Female, 47 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and Previous Occupation (if any),	Washer
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	28 October 1885
7. Length of time Insane,	Since 3 November 1880
8. Whether first Attack,	Yes.
9. Age (if known) on first Attack,	39 years.
10. Duration of existing Attack,	About 7½ years.
11. Supposed Cause,	Religion
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,	City Parish, Glasgow
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,	Sister Mrs. Mr. Night, Milton of Campsie Unknown

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) A Dempster

DATED this 21st day of May One thousand eight hundred and Eightyeight

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned James Smellie being (1) a medical graduate of Glasgow University hereby certify that I have this day at (2) Lochgilphead Asylum personally examined Helen Wilson or Riddell at present Patient in said Asylum, and with respect to his Mental State that she imagines she has got her head cut off by machinery & that people are constantly annoying her. — She suffers from chronic mania —

(1) State Medical Qualification.
(2) Name Asylum.

; and with respect to her Bodily Health and Condition that they are fairly good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the ~~Asylum of~~ Crichton Royal Institution Dumfries

James Smellie

Dated this 17th day of May One thousand eight hundred and 88

SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sheriff*)

The foregoing Application having been made to the Board to authorize the transfer of

Helen Wilson or Riddell
from Argyll District Asylum
to Crichton Royal Institution

, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within three days from the date hereof, of the said patient as requested.

Commissioner

Dated at Edinburgh, this 22nd day of May, one thousand eight hundred and eighty-eight

Date of Sheriff's Order.

8th November 1880

No 5304
Helen Wilson or Riddell
City Parish Glasgow
Admitted 28 May 1888

9 4 4 5 3. 3. 69. 196

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

GENERAL BOARD OF LUNACY 22 MAY 88 SCOTLAND

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Archibald Dempster
Joint desirous to transfer Bridget Keenan or Paterson
at present a Patient in Lodgilhead Asylum, and (1) a Pauper Lunatic of the Parish of which I am Inspector of Poor, from the said Asylum to the Dumfries Royal Institution Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Bridget Keenan or Paterson 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.

A Dempster

(2) Inspector of Poor City Parish Glasgow

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow this 21st day of May One thousand eight hundred and eighty eight

STATEMENT.

1. Christian Name and Surname of Patient at length,	Bridget Keenan or Paterson
2. Sex and Age,	Female, 44 years
3. Married, Single, or Widowed,	Married and deserted
4. Condition of Life, and Previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	28 October 1885
7. Length of time Insane,	Three years
8. Whether first Attack,	Yes.
9. Age (if known) on first Attack,	41 years
10. Duration of existing Attack,	Three years
11. Supposed Cause,	Intemperance
12. Whether subject to Epilepsy,	Yes
13. Whether Suicidal,	No
14. Whether Dangerous to others,	Doubtful
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	City Parish, Glasgow
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,	No relations known in Scotland – Husband James Paterson supposed in New Zealand. Unknown

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) A Dempster

DATED this 21st day of May One thousand eight hundred and Eighty eight.

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 James Smellie
being (1) a Medical graduate of Glasgow University
hereby certify that I have this day at (2) Lochgilphead Asylum
personally examined Bridget Keenan or Paterson at pre
Patient in said Asylum, and with respect to his Mental State that she ima
she is in Crowhill & that some of the offe
about her have taken her money. — Chro
Mania

; and with respect
Bodily Health and Condition that they are fair

and I further certify that, in my opinion, there is nothing in the Mental or Bodily
dition of the Patient to contraindicate removal to the ~~Asylum of~~ Crichton Ro
Institution Dumfries

James Smellie

DATED this 17th day of May One thousand
hundred and 88

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheri

The foregoing Application having been made to the Board to authorize the trans
Bridget Keenan or Paterson
from Argyll District Asylum
to Crichton Royal Institution
, and the Board having considered such applicatio
the accompanying Medical Certificate, do hereby authorize the transfer, within fo
days from the date hereof, of the said patient as requested.

[signature] Commissio

DATED at Edinburgh, this 22nd day of May
thousand eight hundred and eighty-eight

Date of Sheriff's Order.

11th April 1885.

No 5205
Bridget Keenan or Paterson
City Parish Glasgow
admitted 28 May 1888

9502 I 73.130

[FORM B²]

25 *and* 26 *Vict. Cap.* 54, *Sect.* 16.

GENERAL BOARD OF LUNACY SCOTLAND 22 MAY 88

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Archibald Dempster

being desirous to transfer David Chisholm

at present a Patient in Lochgilphead Asylum and (1) a Pauper Lunatic of the Parish of which I am Inspector of Poor from the said Asylum to the Belton Royal Institution Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said David Chisholm 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.

A Dempster.

(2) Inspector of Poor City Parish Glasgow

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow this 21st day of May One thousand eight hundred and Eightyeight

STATEMENT.

1. Christian Name and Surname of Patient at length,	David Chisholm
2. Sex and Age,	Male, 68 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. Date of Admission into Asylum,	15 February 1887.
7. Length of time Insane,	About 31 years
8. Whether first Attack,	Yes.
9. Age (if known) on first Attack,	About 37 years.
10. Duration of existing Attack,	About 31 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,	City Parish Glasgow
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,	No relations known Unknown

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) A Dempster

DATED this 21st day of May One thousand eight hundred and eightyeight.

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 James Smellie
being (1) a Medical graduate of Glasgow Res[illegible]
hereby certify that I have this day at (2) Lochgilphead Asylum
personally examined David Chisholm at pre[illegible]
Patient in said Asylum, and with respect to his Mental State that he has
variety of gay delusions - says he was
command at the battle of Plevna - has carried
the large contracts in the country, & that he takes
trip to the moon on horseback &c &c.
; and with respect
Bodily Health and Condition that they are fairly g[illegible]

and I further certify that, in my opinion, there is nothing in the Mental or Bodily
dition of the Patient to contraindicate removal to the ~~Asylum of~~ Crichton Ar[illegible]
Institution Dumfries

James Smellie

Dated this 17th day of May One thousand
hundred and 88

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sher[illegible]

The foregoing Application having been made to the Board to authorize the tran[illegible]
David Chisholm
from Argyll District Asylum
to Crichton Royal Institution
, and the Board having considered such applicati[illegible]
the accompanying Medical Certificate, do hereby authorize the transfer, within f[illegible]
days from the date hereof, of the said patient as requested.

[illegible] Commissio[illegible]

Dated at Edinburgh, this 22nd day of May
thousand eight hundred and eighty-eight

Date of Sheriff's Order.

11th October 1886.

No. 5206
David Chisholm
City Parish Glasgow
admitted 28 May 1888

9498 5-54-10

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

GENERAL BOARD OF LUNACY SCOTLAND 22 MAY 88

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Archibald Dempster

being desirous to transfer William Brownlie

at present a Patient in Lochgilphead Asylum, and (¹) a Pauper Lunatic of the Parish of which I am Inspector of Poor from the said Asylum to the Gilton Royal Institution Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said William Brownlie and a Medical Certificate with respect to 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.

A Dempster

(²) Inspector of Poor City Parish Glasgow

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow this 21st day of May One thousand eight hundred and Eighty eight

STATEMENT.

1. Christian Name and Surname of Patient at length,	William Brownlie
2. Sex and Age,	Male, 42 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and Previous Occupation (if any),	Moulder
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	27 November 1885
7. Length of time Insane,	12 years.
8. Whether first Attack,	Yes
9. Age (if known) on first Attack,	30 years
10. Duration of existing Attack,	12 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,	City Parish of Glasgow
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,	Margaret Campbell or Brownlie, Wife of the patient – present address unknown

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) A Dempster

DATED this 21st day of May One thousand eight hundred and Eighty eight

N.B.—The foregoing particulars are required for the information of the authorities to whose are the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned James Smellie being (1) a Medical graduate of Glasgow Univ. hereby certify that I have this day at (2) Lochgilphead Asylum personally examined William Brownlie at present a Patient in said Asylum, and with respect to his Mental State that his memory is very defective, & that he has hallucinations of hearing & incoherency — Demented

; 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~~ Argyll Asylum Institution Dumfries.

James Smellie

DATED this 17th day of May One thousand eight hundred and 88

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff

The foregoing Application having been made to the Board to authorize the transfer of William Brownlie from Argyll District Asylum to Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within four days from the date hereof, of the said patient as requested.

Commissioner.

DATED at Edinburgh, this 22nd day of May thousand eight hundred and eighty-eight.

Date of Sheriff's Order.

26th May, 1876.

No 5207.
William Brownlie
City Parish Glasgow
admitted 28 May 1888

9494 I 678

[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 Archibald Dempster being desirous to transfer Robert Craig at present a Patient in Lochgilphead Asylum, and (¹) a Pauper Lunatic of the Parish of which I am Inspector of Poor 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 Robert Craig and a Medical Certificate with respect to his mental and bodily condition.

A Dempster

(²) Inspector of Poor City Parish Glasgow

DATED at Glasgow this 21st day of May One thousand eight hundred and Eightyeight

(¹) If Lunatic is not a Pauper: detained at my instance, or whose nearest known relative I am. If Lunatic is a Pauper: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

STATEMENT.

1. Christian Name and Surname of Patient at length,	Robert Craig
2. Sex and Age,	Male, 34 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Clothlapper
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	27 November 1885
7. Length of time Insane,	4½ Years
8. Whether first Attack,	Yes.
9. Age (if known) on first Attack,	29 years.
10. Duration of existing Attack,	4½ Years.
11. Supposed Cause,	Alcohol
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,	City Parish Glasgow
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 - Robert Craig at 144 Claythorn Street, Glasgow. Unknown

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) A Dempster

DATED this 21st day of May One thousand eight hundred and Eightyeight

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 James Smellie being (1) a medical graduate of Glasgow Univ
hereby certify that I have this day at (2) Lochgilphead Asylum
personally examined Robert Craig at pr
Patient in said Asylum, and with respect to his Mental State that he has
various delusions - imagines he is
prophet - incoherency - State of
unsound mind
; and with respect to
Bodily Health and Condition that both are fairly go

and I further certify that, in my opinion, there is nothing in the Mental or Bodi Co
dition of the Patient to contraindicate removal to the ~~Asylum of~~ Crichton Ro
Institution Dumfries James Smellie M

DATED this 17th day of May One thousa
hundred and 88

SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sh*

The foregoing Application having been made to the Board to authorize the tr
Robert Craig
from Argyll District Asylum
to Crichton Royal Institution
, and the Board having considered such applica
the accompanying Medical Certificate, do hereby authorize the transfer, within
days from the date hereof, of the said patient as requested.

Thos Clouston Commissi

DATED at Edinburgh, this 22nd day of May
thousand eight hundred and eighty-eight

Date of Sheriff's Order.

10th November 1883.

No. 6908
Robert Craig
City Parish Glasgow
admitted 28 May 1888

9496 H6647

[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 Archibald Dempster being desirous to transfer Henry Ellis at present a Patient in Lochgilphead Asylum, and (¹) Pauper Lunatic of the Parish of which I am Inspector of Poor from the said Asylum to the Dalton Royal Institution Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Henry Ellis 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.

A Dempster

(²) Inspector of Poor City Parish Glasgow

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow, this 21st day of May One thousand eight hundred and Eightyeight

STATEMENT.

1.	Christian Name and Surname of Patient at length,	Henry Ellis
2.	Sex and Age,	Male, 31 years
3.	Married, Single, or Widowed,	Single
4.	Condition of Life, and Previous Occupation (if any),	Carter
5.	Religious Persuasion, so far as known,	Protestant.
6.	Date of Admission into Asylum,	27 November 1885
7.	Length of time Insane,	5 years.
8.	Whether first Attack,	Yes
9.	Age (if known) on first Attack,	26 years
10.	Duration of existing Attack,	5 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,	City Parish Glasgow
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,	No relations known Unknown

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) A Dempster

DATED this 21st day of May One thousand eight hundred and eightyeight

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 James Smellie
being (1) a Medical graduate of Glasgow University
hereby certify that I have this day at (2) Lochgilphead Asylum
personally examined Henry Ellis at present a
Patient in said Asylum, and with respect to his Mental State that he has
various delusions & hallucinations - he
says Mr Chamberlain, M.P., came to him the other
day & told him his age. - Chronic Mania
; 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 Royal Institution Dumfries

James Smellie

DATED this 17th day of May One thousand eight hundred and 88

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

The foregoing Application having been made to the Board to authorize the transfer of Henry Ellis
from Argyll District Asylum
to Crichton Royal Institution
, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within [illegible] days from the date hereof, of the said patient as requested.

[illegible] Commissioner.

DATED at Edinburgh, this 22nd day of May One thousand eight hundred and eighty-eight

Date of Sheriff's Order.

7th July. 1883.

No. 5209
Henry Ellis
City Parish Glasgow
admitted 28 May 1888

9495 [illegible] 62 95

[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 Archibald Dempster being desirous to transfer Daniel Fisher at present a Patient in Lochgilphead Asylum, and (¹) a Pauper Lunatic of the Parish of which I am Inspector of Poor 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 Daniel Fisher and a Medical Certificate with respect to his mental and bodily condition.

A Dempster

(²) Inspector of Poor City Parish Glasgow

(¹) If Lunatic is not a Pauper: detained at my instance, or whose nearest known relative I am. If Lunatic is a Pauper: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow, this 21st day of May One thousand eight hundred and Eightyeight

STATEMENT.

1. Christian Name and Surname of Patient at length,	Daniel Fisher
2. Sex and Age,	Male, 49 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Traveller
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	27 November 1885
7. Length of time Insane,	Upwards of 6 years
8. Whether first Attack,	Yes
9. Age (if known) on first Attack,	42 years.
10. Duration of existing Attack,	Upwards of 6 years
11. Supposed Cause,	Alcohol
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,	City Parish Glasgow
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,	Cousin, George Robertson, 220 Hope Street Glasgow Unknown

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) A Dempster

DATED this 21st day of May One thousand eight hundred and Eightyeight

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned James Smellie
being (1) a medical graduate of Glasgow Univ
hereby certify that I have this day at (2) Lochgilphead Asylum
personally examined Daniel Fisher at present
Patient in said Asylum, and with respect to his Mental State that he is
silly in manner – says his blood
is getting thick & that he feels it
going up his legs – Chronic Mania
; 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 Royal Institution Dumfries

James Smellie

DATED this 17th day of May One thousand eight hundred and 88

(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.)

The foregoing Application having been made to the Board to authorize the transfer of Daniel Fisher
from Argyll District Asylum
to Crichton Royal Institution
, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within fourteen days from the date hereof, of the said patient as requested.

[signature] Commissioner.

DATED at Edinburgh, this 22nd day of May One thousand eight hundred and eighty-eight

Date of Sheriff's Order.

14th September, 1881

No 5210
Daniel Fisher
City Parish Glasgow
admitted 28 May 1888

9494 4 53 143

[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 Archibald Dempster
Inspector desirous to transfer Thomas Mason
at present a Patient in Lochgilphead Asylum, and (a) Pauper Lunatic of the Parish of which I am Inspector of Poor from the said Asylum to the Dumfries Royal Institution Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Thomas Mason and a Medical Certificate with respect to his mental and bodily condition.

(a) *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.

A Dempster

(b) Inspector of Poor City Parish Glasgow

(b) State degree of Relationship, or other capacity in which Applicant stands to Patient.

Dated at Glasgow this 21st day of May One thousand eight hundred and Eightyeight

STATEMENT.

1. Christian Name and Surname of Patient at length,	Thomas Mason
2. Sex, and Age,	Male, 42 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and Previous Occupation (if any),	Railway Messenger
5. Religious Persuasion, so far as known,	Roman Catholic
6. Date of Admission into Asylum,	27 November 1885
7. Length of time Insane,	About 11½ years
8. Whether first Attack,	Yes.
9. Age (if known) on first Attack,	31 years.
10. Duration of existing Attack,	About 11½ years
11. Supposed Cause,	Not known
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,	City Parish Glasgow
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,	Wife, Elizabeth Kelly or Mason, at 13 Bell Street Glasgow Unknown

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) A Dempster

Dated this 21st day of May One thousand eight hundred and Eightyeight

NB.—The foregoing particulars are required for the information of the authorities to whose are the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned James Smellie
being (1) a medical graduate of Glasgow
hereby certify that I have this day at (2) Lochgilphead Asylum
personally examined Thomas Mason at
Patient in said Asylum, and with respect to his Mental State that he has
Religious delusions — He says he
represents Almighty God &c
— is a chronic mania

; and with respect to his
Bodily Health and Condition that This general health
is impaired & has symptoms of
heart disease

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

James Smellie

DATED this 17th day of May One thousand eight
hundred and 88

(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.)

The foregoing Application having been made to the Board to authorize the transfer of
Thomas Mason
from Argyll District Asylum
to Crichton Royal Institution
, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within three days from the date hereof, of the said patient as requested.

Commissioner.

DATED at Edinburgh, this 22nd day of May One thousand eight hundred and eighty-eight

Date of Sheriff's Order.

10th November 1846.

No 5211
Thomas Mason
City Parish Glasgow
admitted 27 May 1881

9493. 168-69

[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 Archibald Dempster being desirous to transfer Robert Mitchell at present a Patient in Lodgefield Asylum and (1) a Pauper Lunatic of the Parish of which I am Inspector of Poor / 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 Robert Mitchell 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.

A Dempster

(2) Inspector of Poor City Parish Glasgow

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow this 21st day of May One thousand eight hundred and Eightyeight

STATEMENT.

1.	Christian Name and Surname of Patient at length,	Robert Mitchell
2.	Sex and Age,	Male, 18 years.
3.	Married, Single, or Widowed,	Single.
4.	Condition of Life, and Previous Occupation (if any),	Message Boy
5.	Religious Persuasion, so far as known,	Protestant
6.	Date of Admission into Asylum,	27 November 1885.
7.	Length of time Insane,	Nearly 4 years.
8.	Whether first Attack,	Yes
9.	Age (if known) on first Attack,	15 years
10.	Duration of existing Attack,	Nearly 4 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,	City Parish, Glasgow.
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, Robert Mitchell, residing at 10 Millfield Terrace Springburn Glasgow Unknown

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) A Dempster

DATED this 21st day of May One thousand eight hundred and Eightyeight

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 James Smellie being (1) a medical graduate of Glasgow Univ hereby certify that I have this day at (2) Lochgilphead Asylum personally examined Robert Mitchell at present Patient in said Asylum, and with respect to his Mental State that he is perfectly indifferent to everything around him — [illegible] silly & expressionless & dirty & filthy in his habits — Dementia.

; and with respect to his Bodily Health and Condition that both are moderately 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 Royal Institution Dumfries

James Smellie M.D.

Dated this 17th day of May One thousand eight hundred and 88

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

The foregoing Application having been made to the Board to authorize the transfer of Robert Mitchell from Argyll District Asylum to Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within [illegible] days from the date hereof, of the said patient as requested.

[illegible] Commissioner.

Dated at Edinburgh, this 22nd day of May, One thousand eight hundred and eighty-eight.

Date of Sheriff's Order.

8th July, 1884

No. 5212
Robert Mitchell
City Parish Glasgow
admitted 28 May 1888

9492 I.6490

[FORM B²]

25 *and* 26 *Vict. Cap.* 54, *Sect.* 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT A TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Archibald Dempster being desirous to transfer John Mc. Bride at present a Patient in Lodgilphead Asylum and (1) a Pauper Lunatic of the Parish of which I am Inspector of Poor 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 John Mc. Bride 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 relatives I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

A Dempster

(2) Inspector of Poor City Parish Glasgow

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow this 21st day of May One thousand eight hundred and eighty eight

STATEMENT.

1.	Christian Name and Surname of Patient at length,	John Mc. Bride
2.	Sex and Age,	Male, 49 years
3.	Married, Single, or Widowed,	Single
4.	Condition of Life, and Previous Occupation (if any),	Labourer
5.	Religious Persuasion, so far as known,	Roman Catholic
6.	Date of Admission into Asylum,	27 November 1885
7.	Length of time Insane,	Nearly 6 years.
8.	Whether first Attack,	Yes
9.	Age (if known) on first Attack,	43 years.
10.	Duration of existing Attack,	Nearly 6 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,	City Parish Glasgow
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,	Mother Margaret Wilson or Mc. Bride residing at 1 West Milton Street Glasgow Unknown

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) A Dempster

DATED this 21st day of May One thousand eight hundred and Eighty eight

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 James Smellie being (1) a medical graduate of Glasgow [illegible] hereby certify that I have this day at (2) Lochgilphead Asylum personally examined John McBride at present Patient in said Asylum, and with respect to his Mental State that his mind is weak — confused as to the place [illegible] he is. — he is an imbecile.

; and with respect [illegible] Bodily Health and Condition that both are fairly good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the ~~Asylum of~~ Crichton Royal Institution Dumfries

James Smellie

DATED this 17th day of May One thousand [illegible] hundred and 88

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

The foregoing Application having been made to the Board to authorize the transfer of John McBride from Argyll District Asylum to Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within [illegible] days from the date hereof, of the said patient as requested.

[illegible] Commissioner.

DATED at Edinburgh, this 22nd day of May One thousand eight hundred and eighty-eight

Date of Sheriff's Order.

3rd August 1882

No. 5213
John McBride
City Parish Glasgow
Admitted 28 May 1888

1491 I 66.19

[FORM B²]

25 *and* 26 *Vict. Cap.* 54, *Sect.* 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT A TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Archibald Dempster
being desirous to transfer John Mc Corrie
at present a Patient in Lochgilphead Asylum and (1) a Pauper Lunatic of the Parish of which I am Inspector of Poor 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 John Mc Corrie 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.

A Dempster
(Inspector of Poor City Parish Glasgow)

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow this 21st day of May one thousand eight hundred and eightyeight

STATEMENT.

1. Christian Name and Surname of Patient at length,	John Mc Corrie
2. Sex and Age,	Male 42 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. Date of Admission into Asylum,	27 November 1885.
7. Length of time Insane,	5 years.
8. Whether first Attack,	Yes
9. Age (if known) on first Attack,	37 years.
10. Duration of existing Attack,	5 years.
11. Supposed Cause,	Intemperance
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,	City Parish Glasgow
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 John Mc Corrie residing at 84 Cameron Street Glasgow Unknown

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) A Dempster

DATED this 21st day of May One thousand eight hundred and eightyeight

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 James Smellie
being (1) a medical graduate of Glasgow Univ
hereby certify that I have this day at (2) Lochgilphead Asylum
personally examined John McCrorie at p
Patient in said Asylum, and with respect to his Mental State that he is
a State of Dementia - can only ans
the simplest of questions - & can give
account of himself

; and with respect to
Bodily Health and Condition that they are fairly

and I further certify that, in my opinion, there is nothing in the Mental or Bodi
dition of the Patient to contraindicate removal to the ~~Asylum of~~ Crichton
Institution Dumfries

James Smellie

DATED this 17th day of May One thousa
hundred and 88.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sh

The foregoing Application having been made to the Board to authorize the tr
John McCrorie
from Argyll District Asylum
to Crichton Royal Institution
, and the Board having considered such applica
the accompanying Medical Certificate, do hereby authorize the transfer, within
days from the date hereof, of the said patient as requested.

[signature] Commissioner.

DATED at Edinburgh, this 22nd day of May
thousand eight hundred and eighty-eight

Date of Sheriff's Order.

25th November 1869

No. 5214
John McCrorie
City Parish Glasgow
admitted 28 May 1888

9490. I. 61. 34

[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 Archibald Dempster
[illegible]; desirous to transfer Thomas Mc Crossan
at present a Patient in Lochgilphead Asylum, and (†) Pauper Lunatic of the Parish of which I am Inspector of Poor from the said Asylum to the Glasgow Royal Institution Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Thomas Mc Crossan 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.

A Dempster

(*) Inspector of Poor City Parish Glasgow

(†) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow this 21st day of May one thousand eight hundred and Eightyeight

STATEMENT.

1.	Christian Name and Surname of Patient at length,	Thomas Mc Crossan
2.	Sex and Age,	Male, 61 years
3.	Married, Single, or Widowed,	Married
4.	Condition of Life, and Previous Occupation (if any),	Pensioner
5.	Religious Persuasion, so far as known,	Roman Catholic
6.	Date of Admission into Asylum,	27 November 1885
7.	Length of time Insane,	Upwards of 7 years
8.	Whether first Attack,	Yes
9.	Age (if known) on first Attack,	54 years.
10.	Duration of existing Attack,	Upwards of 7 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,	City Parish Glasgow
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,	Margaret Butler Mc Crossan residing at 39 Calton Entry, Glasgow, wife of the patient. Unknown

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) A Dempster

DATED this 21st day of May One thousand eight hundred and Eightyeight

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 James Smellie being (1) a medical graduate of Glasgow Univ
hereby certify that I have this day at (2) Lochgilphead Asylum
personally examined Thomas McCrossan at
Patient in said Asylum, and with respect to his Mental State that he has
Hallucinations & various delusions
- he says he is often surrounded with
soldiers, companions of his former
&c ; and with respect to
Bodily Health and Condition that both are good

and I further certify that, in my opinion, there is nothing in the Mental or Bod
dition of the Patient to contraindicate removal to the ~~Asylum of~~ Crichton
Institution Dumfries

James Smellie

DATED this 14th day of May One thousa
hundred and 88

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sh

The foregoing Application having been made to the Board to authorize the tr
Thomas Mc Crossan
from Argyll District Asylum
to Crichton Royal Institution
, and the Board having considered such applica
the accompanying Medical Certificate, do hereby authorize the transfer, within
days from the date hereof, of the said patient as requested.

Commissi

DATED at Edinburgh, this 22nd day of May
thousand eight hundred and eighty-eight

Date of Sheriff's Order.
19th November 1880

No. 5815
Thomas McCrossan
City Parish Glasgow
admitted 28 May 1888

C 489 £53.35

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

PLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

the undersigned Archibald Dempster

in desirous to transfer James Mc Donald

present a Patient in Lochgilphead Asylum and (¹) Pauper Lunatic of the Parish of which I am Inspector of Poor from the said Asylum to the Dickton Royal Institution Dumfries hereby request the authority of board to such transfer; and I subjoin a Statement of Particulars regarding the said James Mc Donald 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.

A Dempster

(²) Inspector of Poor City Parish Glasgow

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

ATED at Glasgow this 21st day of May

e ousand eight hundred and Eightyeight

STATEMENT.

Christian Name and Surname of Patient at length,	James Mc Donald
Sex and Age,	Male, 44 years.
Married, Single, or Widowed,	Married.
Condition of Life, and Previous Occupation (if any),	Cork Canvasser
Religious Persuasion, so far as known,	Protestant
Date of Admission into Asylum,	27 November 1885
Length of time Insane,	Upwards of 11 years.
Whether first Attack,	Yes.
Age (if known) on first Attack,	33 years.
Duration of existing Attack,	Upwards of 11 years
Supposed Cause,	Not known
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to others,	no
Parish to which the Lunatic (if a Pauper) is Chargeable,	City Parish, Glasgow
Christian Name and Surname, and Place of Abode of nearest known 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, Margaret Wilson or Mc Donald Address unknown Unknown

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) A Dempster

DATED this 21st day of May One thousand eight hundred and Eightyeight

NB.—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 James Borrellie being (1) a Medical graduate of Glasgow Univ
hereby certify that I have this day at (2) Lochgilphead Asylum
personally examined James McDonald at p
Patient in said Asylum, and with respect to his Mental State that he has
delusions & hallucinations - he says that electr
keeps him from sleeping, & that spirits visit him
tells them his complaints & they go away - he
suffering from chronic Mania
; and with respect to
Bodily Health and Condition that they are fairly g

and I further certify that, in my opinion, there is nothing in the Mental or Bodi
dition of the Patient to contraindicate removal to the ~~Asylum of~~ Crichton Royal
Institution Dumfries

James Borrellie

Dated this 17th day of May One thousand
hundred and 88

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sh

The foregoing Application having been made to the Board to authorize the tra
James Mc Donald
from Argyll District Asylum,
to Crichton Royal Institution
, and the Board having considered such applica
the accompanying Medical Certificate, do hereby authorize the transfer, within
days from the date hereof, of the said patient as requested.

Commissioner.

Dated at Edinburgh, this 22nd day of May
thousand eight hundred and eighty-eight

Date of Sheriff's Order.
18th November 1846

Bo. 6916
James McDonald
City Parish Glasgow
admitted 28 May 1888

9488 I. 51. 19

[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 Archibald Dempster
being desirous to transfer Donald Mc Intyre
at present a Patient in Lochgilphead Asylum and (1) a Pauper Lunatic of the Parish of which I am Inspector of Poor 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 Donald Mc Intyre 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.

A Dempster

(2) Inspector of Poor City Parish Glasgow

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow this 21st day of May
one thousand eight hundred and Eighty eight

STATEMENT.

1.	Christian Name and Surname of Patient at length,	Donald Mc Intyre
2.	Sex and Age,	Male 34 years
3.	Married, Single, or Widowed,	Single
4.	Condition of Life, and Previous Occupation (if any),	Calenderer.
5.	Religious Persuasion, so far as known,	Protestant
6.	Date of Admission into Asylum,	27 November 1885
7.	Length of time Insane,	12 years
8.	Whether first Attack,	No
9.	Age (if known) on first Attack,	22 years.
10.	Duration of existing Attack,	12 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,	City Parish Glasgow.
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,	No relations known Unknown

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) A Dempster

DATED this 21st day of May One thousand eight hundred and Eighty eight

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned James Smellie being (1) a medical graduate of Glasgow hereby certify that I have this day at (2) Rodgilphead Asylum personally examined Donald Mc Intyre at present Patient in said Asylum, and with respect to his Mental State that his memory is very defective — does not know where he is — Demented; and with respect to Bodily Health and Condition that they are poor

(1) State Medical Qualification.
(2) Name Asylum.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily condition of the Patient to contraindicate removal to the ~~Asylum of~~ Crichton Royal Institution Dumfries

James Smellie

Dated this 17th day of May One thousand hundred and 88

SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sheriff.*)

The foregoing Application having been made to the Board to authorize the transfer of Donald Mc. Intyre from Argyll District Asylum to Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within [illegible] days from the date hereof, of the said patient as requested.

Thos Clouston Commissioner.

Dated at Edinburgh, this 22nd day of May thousand eight hundred and eighty-eight

Date of Sheriff's Order.

19th May 1846.

No 607.
Donald Mc. Intyre
City Parish Glasgow
Admitted 28 May 1888

9 4 8 7 3 56 34

[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 Archibald Dempster being desirous to transfer Peter McIntyre at present a Patient in Lochgilphead Asylum, and (¹) a Pauper Lunatic of the Parish of which I am Inspector of Poor 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 Peter McIntyre and a Medical Certificate with respect to his mental and bodily condition.

A Dempster

(²) Inspector of Poor City Parish Glasgow

(¹) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow this 21st day of May One thousand eight hundred and Eightyeight

STATEMENT.

1. Christian Name and Surname of Patient at length,	Peter McIntyre
2. Sex and Age,	Male 38 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Unknown
5. Religious Persuasion, so far as known,	Roman Catholic
6. Date of Admission into Asylum,	27 November 1885
7. Length of time Insane,	15 years
8. Whether first Attack,	Yes.
9. Age (if known) on first Attack,	23 years
10. Duration of existing Attack,	15 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,	City Parish Glasgow
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,	No relations known Unknown

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) A Dempster

DATED this 21st day of May One thousand eight hundred and Eightyeight

NB.—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 James S. Mellis being (1) a Medical graduate of Glasgow [illegible] hereby certify that I have this day at (2) Rodgiephead Asylum personally examined Peter McIntyre at [illegible] Patient in said Asylum, and with respect to his Mental State that he has delusions - is incoherent & silly in [illegible] - Dementia

; and with respect to [illegible] 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 Royal Institution Dumfries

James S. Mellis

DATED this 17th day of May One thousand eight hundred and 88

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

The foregoing Application having been made to the Board to authorize the transfer of Peter McIntyre from Argyll District Asylum to Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within [illegible] days from the date hereof, of the said patient as requested.

[illegible] Commissioner

DATED at Edinburgh, this 22nd day of May thousand eight hundred and eighty-eight

Date of Sheriff's Order.

2nd June, 1877

No 5218
Peter McIntyre
City Parish Glasgow
admitted 28 May 1888

9486 5. 54. 84

[FORM B²]

25 *and* 26 *Vict. Cap.* 54, *Sect.* 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT A TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

The undersigned Archibald Dempster

is desirous to transfer Terence Mc Quade

present a Patient in Lochgilphead Asylum and (1) Pauper Lunatic of the Parish of which I am Inspector of Poor from the said Asylum to the Dundee Royal Lunatic Asylum Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Terence Mc Quade 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.

A Dempster

(2) Inspector of Poor City Parish Glasgow

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow this 21st day of May

One thousand eight hundred and Eighty eight.

STATEMENT.

1. Christian Name and Surname of Patient at length,	Terence Mc. Quade.
2. Sex and Age,	Male 42 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Plasterer
5. Religious Persuasion, so far as known,	Roman Catholic
6. Date of Admission into Asylum,	27th November 1885
7. Length of time Insane,	12 years.
8. Whether first Attack,	Yes.
9. Age (if known) on first Attack,	30 years.
10. Duration of existing Attack,	12 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,	City Parish Glasgow
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,	No relations known Unknown

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) A Dempster

DATED this 21st day of May One thousand eight hundred and Eighty eight

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 James Gmellis being (1) a Medical graduate of Glasgow University hereby certify that I have this day at (2) Rochgilphead Asylum personally examined Terence McQuade at the Patient in said Asylum, and with respect to his Mental State that the [illegible] delusions of suspicions — Nemen[illegible]

; and with respect to Bodily Health and Condition that they are impaired & he has softening of left lung at the apex

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

James Gmellis

DATED this 17th day of May One thousand hundred and 88

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

The foregoing Application having been made to the Board to authorize the transfer of Terence McQuade from Argyll District Asylum to Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within [illegible] days from the date hereof, of the said patient as requested.

[illegible] Commissioner.

DATED at Edinburgh, this 22nd day of May thousand eight hundred and eighty-eight

Date of Sheriff's Order.

30th October, 1876

No. 5019
Terence McQuade
City Parish Glasgow
admitted 24 May 1888

7485 3.52.153

[FORM B²]

25 *and* 26 *Vict. Cap.* 54, *Sect.* 16.

PLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

GENERAL BOARD OF LUNACY SCOTLAND 22 MAY 88

th undersigned Archibald Dempster
ing desirous to transfer John O' Donoghue
present a Patient in Lochgilphead Asylum, and (1) Pauper Lunatic of the Parish of which I am Inspector of Poor from the said Asylum to the Crichton Royal Institution Dumfries, hereby request the authority of e Board to such transfer; and I subjoin a Statement of Particulars regarding the said John O' Donoghue and a Medical Certificate with spect 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.

A Dempster

(1) Inspector of Poor City Parish Glasgow

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

ATED at Glasgow this 21st day of May
e thousand eight hundred and eightyeight

STATEMENT.

. Christian Name and Surname of Patient at length,	John O' Donoghue
. Sex and Age,	Male 42 years
. Married, Single, or Widowed,	Single
. Condition of Life, and Previous Occupation if any),	Labourer
. Religious Persuasion, so far as known,	Roman Catholic
. Date of Admission into Asylum,	27 November 1885
. Length of time Insane,	12 years
. Whether first Attack,	Yes
. Age (if known) on first Attack,	30 years
. Duration of existing Attack,	12 years
. Supposed Cause,	Alcohol
. Whether subject to Epilepsy,	no
. Whether Suicidal,	no
. Whether Dangerous to others,	no
. Parish to which the Lunatic (if a Pauper) is Chargeable,	City Parish Glasgow
. Christian Name and Surname, and Place of Abode of nearest known 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 relations known Not known

I certify that, to the best of my knowledge, the above particulars are correctly stated.

To be signed by the Applicant) A Dempster

ATED this 21st day of May One thousand eight
undred and eightyeight

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 James Smellie
being (1) a Medical graduate of Glasgow
hereby certify that I have this day at (2) Lochgilphead Asylum
personally examined John O'Donoghue at pr
Patient in said Asylum, and with respect to his Mental State that he is
deeply demented, & can give no
account of himself.

; and with respect
Bodily Health and Condition that they are fairly
good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily
dition of the Patient to contraindicate removal to the ~~Asylum of~~ Crichton Ro
Institution Dumfries

James Smellie

DATED this 8th day of May One thousand
hundred and 88 7

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sh

The foregoing Application having been made to the Board to authorize the tra
John O'Donoghue
from Argyll District Asylum
to Crichton Royal Institution
, and the Board having considered such applicati
the accompanying Medical Certificate, do hereby authorize the transfer, within
days from the date hereof, of the said patient as requested.

[illegible] Commissi

DATED at Edinburgh, this 22nd day of May
thousand eight hundred and eighty-eight

Date of Sheriff's Order.

3rd May. 1876.

No. 5220
John O'Donoghue
City Parish Glasgow
admitted 28 May 1888

9484 4 53 104

[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 22 MAY 88

I, the undersigned Archibald Dempster
being desirous to transfer Dominick O'Donnell
at present a Patient in Lodgiehead Asylum, and (1) a Pauper Lunatic of the Parish of which I am Inspector of Poor 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 Dominick O'Donnell 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.

A Dempster.
Inspector of Poor City Parish Glasgow

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow this 21st day of May
One thousand eight hundred and Eightyeight

STATEMENT.

1. Christian Name and Surname of Patient at length,	Dominick O'Donnell
2. Sex and Age,	Male, 38 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Baker
5. Religious Persuasion, so far as known,	Roman Catholic
6. Date of Admission into Asylum,	27 November 1885
7. Length of time Insane,	About 11½ years.
8. Whether first Attack,	Yes.
9. Age (if known) on first Attack,	26 years.
10. Duration of existing Attack,	About 11½ 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,	City Parish Glasgow
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,	Walter, Charles O'Donnell, address Unknown Unknown

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) A Dempster

DATED this 21st day of May One thousand eight hundred and Eightyeight

N.B.—The foregoing particulars are required for the information of the authorities to whose are the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned James Smellie
being (1) a medical graduate of Glasgow
hereby certify that I have this day at (2) Rochgilphead Asylum
personally examined Dominick O'Donnell at present a
Patient in said Asylum, and with respect to his Mental State that he has
delusions – says he is much tormented
& Short Nerves – Chronic Mania

; and with respect to his
Bodily Health and Condition that he are fairly 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~~ Crichton Royal Institution, Dumfries

James Smellie

Dated this 17th day of May One thousand eight hundred and 88

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff)

The foregoing Application having been made to the Board to authorize the transfer of
Dominick O'Donnell
from Argyll District Asylum
to Crichton Royal Institution
, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within fourteen days from the date hereof, of the said patient as requested.

Commissioner

Dated at Edinburgh, this 22nd day of May one thousand eight hundred and eighty-eight.

Date of Sheriff's Order.

12th September 1876

18 6221
Dominick O'Donnell
City Parish Glasgow
admitted 28 May 1888

9483 p. 43 28

[FORM B²]

25 *and* 26 *Vict. Cap.* 54, *Sect.* 16.

APLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT RANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, e undersigned Archibald Dempster bei desirous to transfer William Parker at esent a Patient in Lochgilphead Asylum, and (¹) a Pauper Lunatic of the Parish of which I am Inspector of Poor 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 Parker 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.

A Dempster

(²) Inspector of Poor City Parish Glasgow

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow this 21st day of One thousand eight hundred and eighty eight

STATEMENT.

1.	hristian Name and Surname of Patient at length,	William Parker
2.	ex and Age,	Male, 56 years
3.	arried, Single, or Widowed,	Widower
4.	ondition of Life, and Previous Occupation (if any),	Porter
5.	eligious Persuasion, so far as known,	Protestant
6.	ate of Admission into Asylum,	27 November 1885
7.	ength of time Insane,	10 years
8.	hether first Attack,	No
9.	ge (if known) on first Attack,	45 years
10.	uration of existing Attack,	10 years
11.	pposed Cause,	Intemperance
12.	hether subject to Epilepsy,	no
13.	hether Suicidal,	no
14.	hether Dangerous to others,	no.
15.	rish to which the Lunatic (if a Pauper) is Chargeable,	City Parish Glasgow
16.	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,	Brother Thomas Parker, 20 Wallace Street, Galston Unknown

certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) A Dempster

DATED this 21st day of May One thousand eight hundred and Eighty eight

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 James Smellie being (1) a medical graduate of Glasgow Univ. hereby certify that I have this day at (2) Lochgilphead & Cyl[illegible] personally examined William Parker at [illegible] Patient in said Asylum, and with respect to his Mental State that he is [illegible] he has great power over disease — [illegible] he has cured for pleurs-pneumonia, [illegible] & C; & that he has written to the Medical Officer of Health of Glasgow & others advising them [illegible] their duties — & has chronic Mania; and with respect to [illegible] Bodily Health and Condition that both 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 Royal Institution Dumfries

James Smellie

DATED this 17th day of May One thousand eight hundred and 88

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff)

The foregoing Application having been made to the Board to authorize the transfer of William Parker from Argyll District Asylum, to Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within [illegible] days from the date hereof, of the said patient as requested.

[illegible] Commissioner.

DATED at Edinburgh, this 22nd day of May One thousand eight hundred and eighty-eight.

Date of Sheriff's Order.

29th November 1878.

No 6222
William Parker
City Parish Glasgow
admitted 28th May 1888

9482 I.62.16

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT A TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Archibald Dempster
Inspector of Poor; desirous to transfer John Pearson
at present a Patient in Lochgilphead Asylum and (1) I am a Pauper Lunatic of the Parish of which I am Inspector of Poor from the said Asylum to the Eddon Royal Institution Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said John Pearson 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.

A Dempster

(2) Inspector of Poor City Parish Glasgow

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow this 21st day of May
one thousand eight hundred and Eightyeight

STATEMENT.

1.	Christian Name and Surname of Patient at length,	John Pearson
2.	Sex and Age,	Male, 57 years.
3.	Married, Single, or Widowed,	Married
4.	Condition of Life, and Previous Occupation (if any),	Night Watchman
5.	Religious Persuasion, so far as known,	Protestant.
6.	Date of Admission into Asylum,	27 November 1885
7.	Length of time Insane,	Upwards of 6 years.
8.	Whether first Attack,	Yes
9.	Age (if known) on first Attack,	50 years
10.	Duration of existing Attack,	Upwards of 6 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,	City Parish Glasgow
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,	Wife Margaret McPherson or Pearson address unknown Unknown

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) A Dempster

DATED this 21st day of May One thousand eight hundred and Eightyeight

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 James Smellie being (1) a Medical graduate of Glasgow Univ hereby certify that I have this day at (2) Lochgilphead Asylum personally examined John Pearson at the Patient in said Asylum, and with respect to his Mental State that there is incoherency & hallucinations — says see devils dancing about him — Chronic Mania

; and with respect to his Bodily Health and Condition that he has chronic Bronchitis — otherwise 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

James Smellie M.

DATED this 17th day of May One thousand hundred and 88

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

The foregoing Application having been made to the Board to authorize the transfer of John Pearson from Argyll District Asylum to Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within seven days from the date hereof, of the said patient as requested.

Commissioner

DATED at Edinburgh, this 22nd day of May One thousand eight hundred and eighty-eight

Date of Sheriff's Order.

15th November 1881.

No 5283
John Pearson
City Parish Glasgow
admitted 28 may 1888

9481 I 59,251

[FORM B²]

GENERAL BOARD OF LUNACY SCOTLAND 22 MAY 88

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 Archibald Dempster
being desirous to transfer Alexander Thomson
at present a Patient in Lochgilphead Asylum and (¹) Pauper Lunatic of the Parish of which I am Inspector of Poor 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 Thomson and a Medical Certificate with respect to his mental and bodily condition.

A Dempster
(²) Inspector of Poor City Parish Glasgow

(¹) If Lunatic is not a Pauper: detained at my instance, or whose nearest known relative I am. If Lunatic is a Pauper: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow this 21st day of May
One thousand eight hundred and Eightyeight.

STATEMENT.

Christian Name and Surname of Patient at length,	Alexander Thomson
Sex and Age,	Male, 39 years
Married, Single, or Widowed,	Single
Condition of Life, and Previous Occupation (if any),	Clothlapper
Religious Persuasion, so far as known,	Protestant
Date of Admission into Asylum,	27th November 1885
Length of time Insane,	3 years.
Whether first Attack,	No.
Age (if known) on first Attack,	31 years.
Duration of existing Attack,	3 years.
Supposed Cause,	Unknown
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to others,	no
Parish to which the Lunatic (if a Pauper) is Chargeable,	City Parish, Glasgow
Christian Name and Surname, and Place of Abode of nearest known 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, William Thomson, residing 34 Sanchiehall Lane Glasgow. Unknown

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) A Dempster

DATED this 21st day of May One thousand eight hundred and Eightyeight

NB.—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 James Smellie Thomson
being (1) a medical graduate of
hereby certify that I have this day at (2) Lochgilphead Asylum
personally examined Alexander Thomson at
Patient in said Asylum, and with respect to his Mental State that his
memory is much impaired
has hallucinations of hearing
is of unsound mind

; and with respect to his
Bodily Health and Condition that both are fairly

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

James Smellie

DATED this 17th day of May One thousand eight hundred and 88

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

The foregoing Application having been made to the Board to authorize the transfer of
Alexander Thomson
from Argyll District Asylum
to Crichton Royal Institution
, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within seven days from the date hereof, of the said patient as requested.

Commissioner

DATED at Edinburgh, this 22nd day of May
thousand eight hundred and eighty-eight.

Date of Sheriff's Order.

13th May. 1885.

No 5294
Alexander Thomson
City Parish Glasgow
admitted 28 May 1888

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) William H. Maffett, Land Agent, 24 North Frederick Street, Dublin

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that William H. Maffett,

(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 William H. Maffett to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

Wm H. Maffett

The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this thirty first (5) day of May One thousand eight hundred and eighty eight

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1	Christian Name and Surname of Patient at length,	William Maffett
2	Sex and age,	male 37 years
3	Married, Single, or Widowed,	single
4	Condition of Life and previous Occupation (if any),	assistant in Land agents office
5	Religious Persuasion, so far as known,	Church of Ireland
6	Previous place of abode,	St. Helena, Finglas, Dublin
7	Place where found and examined,	Found St. :- Examined at Dumfries.
8	Length of time Insane,	about five or six weeks
9	Whether First Attack,	second
10	Age (if known) on First Attack,	about 35.
11	When and where previously under Examination and treatment,	two years ago - Maison de Santé Dublin
12	Duration of Existing Attack,	Six weeks
13	Supposed Cause,	intemperance
14	Whether subject to Epilepsy,	yes, for 3 years
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 H. Maffett, St Helena Finglas Dublin (father) - one uncle by extreme intemperance brought on softening of brain from which he died.
20	Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this thirty first day of May One thousand eight hundred and Eighty Eight.

(To be signed by the Party applying) Wm H. Maffett

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Dublin
2. Character of Education,	ordinary Classical School.
3. Is the natural disposition cheerful or melancholy—reserved or frank,	nothing remarkable
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Ordinarily attending to business, b[illegible] inclined to intemperance
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Slightly about two years ago, for [illegible] weeks at Dublin
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	One Uncle was 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?	all alive not subject to any [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.?	Followed immediately on a severe epileptic fit
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	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, pain in head, [illegible] been his costive
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Delusions multiplying
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 — dreads violence from others
17. How long has he been insane?	6 weeks or 2 months

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, 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
William Maffett, and that the said
person is of unsound mind, and 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 29th day of May One thousand eight hundred and eighty eight

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, James Hunter Dryden
being a (1) Licentiate of the Royal College of Physicians & Surgeons of Edinburgh
and being in actual practice as a (2) physician and Surgeon
hereby certify, on soul and conscience, that I have this day at (3) Station Hotel Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) William Maffett, of St. Helena, Finglas, County Dublin, and that the said William Maffett is a (5) person of unsound mind 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 talkative, incoherent and full of delusions. He sees visions and hears voices talking to him at night. He has no memory, forgets dates and places, and is in great dread that something is going to happen to him.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His father informs me, that he imagines (the patient) imagines that a large sum of money has been left him and that he is full of other delusions.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, James Hunter Dryden L.R.C.P. 1880

Place of Abode, 26 Castle St., Dfs.

DATED this 29th day of May One thousand eight hundred and 88 years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Hugh Cunningham
being a (1) Licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons Glasgow
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) William Maffett, of St. Helena, Finglas, Co Dublin, and that the said William Maffett is a (5) person of unsound mind 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 rambling in his speech, talks incoherently and believes that he has been accused of dreadful crimes.

(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.&S.

Place of Abode, 25 Castle Street Dumfries.

DATED this Thirty first day of May One thousand eight hundred and eighty eight 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 Substit
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) William H.
Land agent, 24 South Frederick Street, Dublin
Certificates under the hands of James Hunter Dryden
and Hugh Cunningham, 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

(4) Describe the Patient, and if a Pauper, state so.

William Maffett, St Helena, Finglas, Dublin (Retired Gent)
William Maffett is a (5) person of unsou
mind

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you
receive the said William Maffett, as a Patient into
Crichton Royal Institution for the Insane at Dumfries, and I authorize hio
Transmission to the said Asylum accordingly; and I transmit you herewith the
Medical Certificates, and a Statement regarding the said William Maffe
which accompanied the said Petition.

DATED this Thirty first day of May One thousand e
hundred and Eighty eight years.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, William Maffett
Date of Admission, 31st May 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of (2) ~~the~~ ~~Dumfries and Galloway~~ Dumfries and Galloway *and his Substitutes,—*

The Petition of Alexander Cameron, Insp.r of Poor Dryfesdale.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Marion Anderson Cameron, Lockerbie,

(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 Marion Anderson Cameron, _____ to the Southern Counties Asylum Dumfries, and to sanction her admission into the said Asylum.

Alex.r Cameron

(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 eight 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,	Marion Anderson Cameron.
2.	Sex and Age,	Female Thirty Seven years.
3.	Married, Single, or Widowed,	Single.
4.	Condition of Life, and previous Occupation (if any),	No occupation always at home.
5.	Religious Persuasion, so far as known,	Protestant.
6.	Previous Place of Abode,	Union Street Lockerbie.
7.	Place where Found and Examined,	Do
8.	Length of time Insane,	about five years
9.	Whether First Attack,	a continuation of first attack.
10.	Age (if known) on First Attack,	about thirty three years.
11.	When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries.
12.	Duration of Existing Attack,	About five years.
13.	Supposed Cause,	Loss of Blood.
14.	Whether subject to Epilepsy,	No
15.	Whether Suicidal,	No
16.	Whether Dangerous to others,	No if let alone.
17.	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Chargeable to her Father only Alex.r Cameron Insp.r of Poor Dryfesdale
18.	Date of becoming Chargeable,	_____
19.	Christian Name and Surname, and Place of Abode of nearest known 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 Cameron Insp.r of Poor Dryfesdale Lockerbie Father None, all capable to look after themselves.
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 eight years.

(*To be signed by Party applying*) Alex.r Cameron

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, *or* a person of unsound mind.

I, the undersigned, George Irving being a (1) Doctor of Medicine (Edina) 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 Lockerbie in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Marion Anderson Cameron Union Street, Lockerbie, Dumfriesshire and the said Marion Anderson Cameron is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 & cant answer questions, she is always talking nonsense & is always in motion so that her whole behaviour is irrational

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Alexander Cameron her father informs that she has before been detained in an Asylum.

Name and Medical Designation, George Irving M

Place of Abode, Lockerbie

DATED this first day of June One thousand eight hundred and eighty eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 (2) Graduate in Medicine of the 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) 7 Church Crescent Dumfries in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Marion Anderson Cameron and the said Marion Anderson Cameron a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 quite incoherently. Refuses to answers questions She has a general insane appearance

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She father states he is not able to manage her at home & that she has been confined in an asylum before.

Name and Medical Designation, J G Marshall

Place of Abode M B C M.

DATED this First day of June One thousand eight hundred and eighty eight years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Joseph Garibaldi Marshall — being (1) Graduate in Medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) 7 Church Crescent Dumfries in the County of Dumfries, seen and personally examined Marion Anderson Cameron, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J G Marshall M B &c

DATED this First day of June One thousand eight hundred and Eighty Eight 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 Cameron, Inspector of Poor, Dryfesdale, Lockerbie. Certificates under the hands of George Irving and Joseph Garibaldi Marshall, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Marion Anderson Cameron Union Street, Lockerbie (Poor's Daughter) and that the said Marion Anderson 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 Marion Anderson Cameron as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Marion Anderson Cameron which accompanied the said Petition.

DATED this Second day of June One thousand eight hundred and eighty eight.

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.

Cameron

Admitted 1 June 1888

9507.

[FORM B²]

GENERAL BOARD OF LUNACY 30 MAY 88 SCOTLAND

25 and 26 Vict. Cap. 54, Sect. 16.

PLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

th undersigned Archibald Dempster
ing desirous to transfer Hugh Stewart
present a Patient in Govan Parochial Asylum Merryflatts, and (¹) Pauper Lunatic of the Parish of which am Inspector of Poor from the said Asylum to the Crichton Royal Institution Dumfries hereby request the authority of e Board to such transfer; and I subjoin a Statement of Particulars regarding the said Hugh Stewart and a Medical Certificate with spe 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.

A Dempster
(²) Inspector of Poor City Parish Glasgow.

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

ATED at Glasgow this 29th day of May
e thousand eight hundred and eighty eight.

STATEMENT.

Christian Name and Surname of Patient at length,	Hugh Stewart.
Sex and Age,	Male 27 years.
Married, Single, or Widowed,	Single
Condition of Life, and Previous Occupation (if any),	Shoemaker
Religious Persuasion, so far as known,	Protestant.
Date of Admission into Asylum,	14th July 1887.
Length of time Insane,	Unknown
Whether first Attack,	Unknown
Age (if known) on first Attack,	Do
Duration of existing Attack,	About Eleven months
Supposed Cause,	Epilepsy
Whether subject to Epilepsy,	Yes
Whether Suicidal,	Doubtful when admitted. Not while here
Whether Dangerous to others,	Yes
Parish to which the Lunatic (if a Pauper) is Chargeable,	City Parish Glasgow.
Christian Name and Surname, and Place of Abode of nearest known 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 Stewart Riddell 384 Cumberland St S. S. Glasgow. His sister. None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) A Dempster

DATED this 29th day of May One thousand eight hundred and eighty eight.

NB.—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) L.R.C.P. & R.C.S. Edinburgh hereby certify that I have this day at (2) Govan Parochial Asylum personally examined Hugh Stewart at [illegible] Patient in said Asylum, and with respect to his Mental State that he is a lunatic. He is the subject of Epileptic Insanity and liable to attacks of Excitement, when he becomes violent and noisy; and with respect to Bodily Health and Condition that they are fairly good.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of the Crichton Royal Institution. Dumfries

W R Watson L.R.C.P.

DATED this Twenty Seventh day of May One thousand eight hundred and eighty eight 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.)

The foregoing Application having been made to the Board to authorize the transfer of Hugh Stewart from Govan Parochial Asylum to Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within [illegible] days from the date hereof, of the said patient as requested.

[illegible] Commissioner

DATED at Edinburgh, this 30th day of May One thousand eight hundred and eighty eight.

Date of Sheriff's Order.

14th July, 1887.

No. 5227
Hugh Stewart
City Parish Glasgow
Admitted 1 June 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries, Stallwa, and his Substitutes,—

The Petition of Archebald Dempster, Inspector Poor, City Parish Glasgow.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John McCosh, Pauper Inmate of Town's Hospital Glasgow, and presently chargeable to said 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 John McCosh, pauper to the Crichton Royal Asylum, Dumfries, and to sanction his admission into the said Asylum.

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) A. Dempster.

(2) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 4th — (4) day of June — One thousand eight hundred and 88.

STATEMENT.

If any 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 McCosh.
2. Sex and Age,	Male. 50 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Moulder.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Inmate of Town's Hospital, Glasgow.
7. Place where Found and Examined,	Town's Hospital Glasgow.
8. Length of time Insane,	a few days.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	50 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Not previously under treatment.
12. Duration of Existing Attack,	Intemperance. A few days.
13. Supposed Cause,	Intemperance.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish Glasgow.
18. Date of becoming Chargeable,	4th June 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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 William McCosh Pauper. City Poorhouse Glasgow.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 4th — day of June — One thousand eight hundred and 88.

(*To be signed by the Party applying*) A. Dempster

P. P.

Inspector of Poor, City Parish, 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
being a (1) Graduate in Medicine of Glas
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) The Town
Hospital, Glasgow in the County
Lanark separately from any other Medical Practitioner
visited and personally examined (4) John McCosh, Pauper
a patient thereof and th
the said John McCosh Pauper is a (5) person
of unsound mind and a proper Person to be detain
under Care and Treatment, and that I have formed this opinion upon the followin
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Is a voice
Hears his Mother who is dead speaki
has a compact with the Devil who speaks to
and were he trying to rebel against him he w

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Nurse of ward, tells me he was
speaking to imaginary people all last
night,

Name and Medical Designation, Geo Buchan M D

Place of Abode House, Town's Hospital

DATED this 4th day of June One thousand eigh
hundred and 88

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Town
Hospital, Glasgow in the County
Lanark separately from any other Medical Practitioner
visited and personally examined (4) John McCosh, pauper
of Town's Hospital Glasgow and th
the said John McCosh is a (5) lunatic
and a proper person to be detain
under Care and Treatment, and that I have formed this opinion upon the followin
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He hears
imaginary voices and sees imagin
forms; says he would obey them if allo
is dangerous.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
He is is very noisy at night, dis
his fellow-patients. Information fro

Name and Medical Designation, Alex Robertson

Place of Abode 18 Newton Terrace, Gl

DATED this 4 day of June One thousand eigh
hundred and 88

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Geo Buchan M.D. being (1) A Graduate in Medicine of Glasg Univers hereby certify, on soul and conscience, that I have this day, at (2) ~~318 Park~~ The Town's Hospital Glasgow in the County of Lanark, seen and personally examined John McCosh 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.

Geo Buchan M.D.

DATED this 4th day of June One thousand eight hundred and 88

(1) 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) Archibald Dempster, Inspector of Poor, City Parish, Glasgow, Certificates under the hands of George Buchan, and Alexander Robertson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John McCosh, Town's Hospital, Glasgow, (Pauper), and that the said John McCosh, is a (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 McCosh 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 McCosh, which accompanied the said Petition.

DATED this Fifth day of June One thousand eight hundred and eighty eight years. One word deleted.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No. 5228.

John McCosh,

City Parish Glasgow

Committed 1st June 1888

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) Thomas Woods Draper's Assistant 15 Grafton St Dublin.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Mary Maguire or McGuire residing at No 15 Grafton Street. Dublin.

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) Guardian Power

is at present in a state of Mental Derangement, and 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 Maguire or McGuire — to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Thomas Woods,

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this Sixth (5) day of June One thousand eight hundred and eighty eight —

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Maguire
2. Sex and age,	Female about 31 years
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Milliner
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous place of abode,	Grafton St. Dublin
7. Place where found and examined,	Found in Dublin; Examined at Dumfries
8. Length of time Insane,	Verrill Cloutof
9. Whether First Attack,	about 3 months
10. Age (if known) on First Attack,	Yes
11. When and where previously under Examination and treatment,	Verrill Cloutof & Marine de Suite Asylum St Dublin
12. Duration of Existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	Yes
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 Sixth day of June, One thousand eight hundred and eighty eight.

(To be signed by the Party applying) Thomas Woods

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, — Kilkenny Ireland
2. Character of Education, — Indifferent 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? — Very steady & Sober
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? — Never
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? — Not 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? — Unknown
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? — Unknown
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? — Unknown
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? — Unknown
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.? — Unknown
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? — Unknown
13. What changes have taken place in his bodily symptoms? — Unknown
14. Is he dirty, ~~destructive~~, untidy, or obscene? — Yes during a short time
15. Has he threatened or attempted violence to himself? If so, in what way? — Unknown
16. Has he threatened or attempted violence to others? If so, in what way? — Unknown
17. How long has he been insane? — About 2 months

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, John Cunningham, being (1) Licentiate of the Royal College of Physicians Ireland hereby certify, on soul and conscience, that I have this day, at (2) 25 Castle Street in the County of Dumfries, ——, seen and personally examined Mary McGuire, ——, and that the said person is of unsound mind, and 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.

DATED this Fifth day of June, One thousand eight hundred and eighty eight years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I the undersigned, John Cunningham being a (1) Licentiate of the Royal Colleges 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) 25 Castle St, Dumfries, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary McGuire, Shop Woman, Dublin and that the said Mary McGuire is a (5) person of unsound mind 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 speaks very incoherently & is very excitable in her manners.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She is sleepless & talks the whole night long & has delusions, Mrs Catherine McGee 4 Coleraine St, Dublin gives me the above information.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, John Cunningham M.D. L.R.C.P. & S.Ed.

Place of Abode, 35 Buccleuch Street, Dumfries

DATED this Sixth day of June, One thousand eight hundred and eighty eight years.

MEDICAL CERTIFICATE.—No. II.

I the undersigned, Hugh Cunningham, being a (1) Licentiate of the Royal College of Physicians, in Edinburgh and of the Faculty of Physicians and Surgeons Glasgow 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) Mary McGuire, Grafton Street, Dublin, Milliner and that the said Mary McGuire is a (5) person of unsound mind 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, talks incoherently, and imagines the Queen Victoria is her Aunt.

(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 M.D. &c

Place of Abode, 25 Castle Street, Dumfries

DATED this Sixth day of June, One thousand eight hundred and eighty eight 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 Wilde, Draper's Assistant, 15 Grafton Street, Dublin Certificates under the hands of John Cunningham, and Hugh Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Maguire or McGuire, 15 Grafton Street, Dublin (Petitioner's Aid), and that the said Mary Maguire or McGuire, is a (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 Maguire or McGuire, as a Patient in the Crichton Royal Institution for the Insane at Dumfries, and I authorize her, — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Maguire, which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Sixth — day of June, — One thousand eight hundred and eighty eight years.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Mary Maguire

Date of Admission, 5 June 1888

No. 5909

9511

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

GENERAL BOARD OF LUNACY 1 JUN 88 SCOTLAND

PLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

The ndersigned Andrew Wallace Inspector of Poor Govan Combination

g sirous to transfer Minnie Wilson or Walker

rently a Patient in Inverness District Asylum, and (1) pauper Lunatic of the Parish of which I am Inspector of Poor.

from the said Asylum to the Glasgow Royal Institution Lunatic Asylum hereby request the authority of

Board to such transfer; and I subjoin a Statement of Particulars regarding the said Minnie Wilson or Walker and a Medical Certificate with

ect 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.

Andrew Wallace

(2) Inspector of Poor Govan Combr.

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

D ED at Glasgow this 31st day of May thousand eight hundred and eighty eight years.

STATEMENT.

Christian Name and Surname of Patient at length,	Minnie Wilson or Walker
Sex and Age,	Female 34 years
Married, Single, or Widowed,	married
Condition of Life, and Previous Occupation (if any),	Housewife
Religious Persuasion, so far as known,	Protestant
Date of Admission into Asylum,	13th September 1887
Length of time Insane,	Eleven months
Whether first Attack,	No
Age (if known) on first Attack,	About twenty four years
Duration of existing Attack,	Eleven months
Supposed Cause,	Childbirth
Whether subject to Epilepsy,	No
Whether Suicidal,	Yes
Whether Dangerous to others,	No
Parish to which the Lunatic (if a Pauper) is Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of the Family known to be, or to have been Insane,	Husband - Robert Walker No member of her family known to have been Insane

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) Andrew Wallace

Dated this 31st day of May One thousand eight hundred and eighty eight years.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Thomas Arthur

(1) State Medical Qualification.
(2) Name Asylum.

being (1) a Doctor of Medicine of the University of Edi
hereby certify that I have this day at (2) the Inverness District Asylum
personally examined Minnie Wilson or Walker at
Patient in said Asylum, and with respect to his Mental State that She Ca
under Melancholia with Suicidal te

; and with respe

Bodily Health and Condition that Very good

and I further certify that, in my opinion, there is nothing in the Mental or Bod
dition of the Patient to contraindicate removal to the Asylum of Crichton
Institution Dumfries

Thos Arthur

Dated this twenty fourth day of May One thousa
hundred and Eighty Eight.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sh

(3) 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 (3) The Inspecto
of Poor, Parish of Govan
to authorize the transfer of Minnie Wilson or Walker
from Inverness District Asylum to Crichto
Royal Institution, and the Board having considered such applica
the accompanying Medical Certificate, do hereby authorize the transfer (4) of
Minnie Wilson or Walker as requested.

(4) Valid for fourteen days from date.

Commissioner

Dated at Edinburgh, this 1st day of June
thousand eight hundred and eighty-eight.

Date of Sheriff's Order.
13th September, 1887.

No 5230.
Minnie Wilson or Walker
Govan.
Admitted 11 June 1888.

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) Isabella Purves, Aberdour House, Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Charlotte Purves, Aberdour House Dumfries, 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 Charlotte Purves, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

(4) State degree of Relationship, or other capacity which Petitioner stands Lunatic.

Isabella Purves

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 11th (5) day of June, One thousand eight hundred and 88

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

	Christian Name and Surname of Patient at length,	Charlotte Purves.
	Sex and age,	Female 38.
	Married, Single, or Widowed,	Single
	Condition of Life and previous Occupation (if any),	None
	Religious Persuasion, so far as known,	Protestant.
	Previous place of abode,	Dumfries
	Place where found and examined,	Dumfries
	Length of time Insane,	5 days.
	Whether First Attack,	~~Dumfries~~ No.
1	Age (if known) on First Attack,	17. 20
1	When and where previously under Examination and treatment,	1868. 1870 - Dumfries.
1	Duration of Existing Attack,	One year
1	Supposed Cause,	Weakness
1	Whether subject to Epilepsy,	No.
1	Whether Suicidal,	No.
1	Whether Dangerous to others,	No.
1	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
1	Date of becoming Chargeable,	Isabella ~~Charlotte~~ Purves. Aberdour House Dumfries. Sister.
1	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Brother. Merely depression, from over-work.
2	Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 11th ~~15th day~~ of ~~February~~ June J.P. One thousand eight hundred and 88.

J.P.

(To be signed by the Party applying). Isabella Purves.

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Aberdour Fife.
2. Character of Education,	Cheerful and frank
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Steady & industrious
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Yes. 5 times. Prostration & excitement after. Last [illegible] six months.
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	None.
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.?	Shock of a sister's sudden illness.
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, sleeplessness, falling off in flesh
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Silent, and refuses food
13. What changes have taken place in his bodily symptoms?	Emaciated.
14. Is he dirty, destructive, untidy, or obscene?	No.
15. Has he threatened or attempted violence to himself? If so, in what way?	No
16. Has he threatened or attempted violence to others? If so, in what way?	No.
17. How long has he been insane?	5 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, Alexander Dace 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) Aberdeen House Dumfries, ——— in the County of Dumfries ——— separately from any other Medical Practitioner, visited and personally examined (4) Charlotte Purves, Inmate Aberdeen House, Dumfries ——— and that the said Charlotte Purves ——— is a (5) person of unsound mind, ——— 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 depressed melancholy, will not get out of bed actively & apparently capable of doing so. (6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Dr Murray & her sisters tell me that she is at times excitable & I have formerly seen her before my election to the Asylum. (7) *State the Information, and from whom derived.*

Name and Medical Designation, A. Dace MacDonald MD

Place of Abode, 18 Castle St Dumfries

DATED this 29th day of May, One thousand eight hundred and eighty eight.

MEDICAL CERTIFICATE.—No. II.

I the undersigned, William Smith Kerr ——— being a (1) Graduate of Glasgow University on ———

and being in actual practice as a (2) Physician ——— hereby certify, on soul and conscience, that I have this day, at (3) Aberdeen House, Dumfries. ——— in the County of Dumfries ——— separately from any other Medical Practitioner, visited and personally examined (4) Charlotte Purves ——— and that the said Charlotte Purves ——— is a (5) person of unsound mind ——— 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 in a low state of health & Imbecile — Patient is lying in bed, inattentive &c. Urine passed in bed. She is occasionally violent and excited, and requires constant supervision (6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her sisters and nurse tell me of her throwing things about & making noises at times. Not she has been in Asylum before — (7) *State the Information, and from whom derived.*

Name and Medical Designation, W. S. Kerr M.B. Dum

Place of Abode, Dumfries

DATED this 29th day of May — One thousand eight hundred and Eighty Eight 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) Isabell Harbour House Dumfries Certificates under the hands of Alexander Dall Mac 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 Charlotte Purves Harbour House Dumfries and that the Charlotte Purves is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Charlotte Purves as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the Medical Certificates, and a Statement regarding the said Charlotte Purves 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 June, One thousand eight hundred and eighty eight.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Charlotte Purves

Date of Admission, ~~15th July 1888~~ 11 June 1888

No. 5231

9512

[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 Morison Accountant Greenock being desirous to transfer Mrs Mary Fraser or Lindsay at present a Patient in the Argyll & Bute Asylum Lochgilphead, and (¹) for whom I am Curator, being appointed by the Court of Session on 8th February 1883, 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 Mrs Mary Fraser or Lindsay and a Medical Certificate with respect to her mental and bodily condition.

(¹) *If Lunatic is not a Pauper:* detained at my instance, or those nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

John Morison

Curator Bonis

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Greenock this 2nd day of June one thousand eight hundred and eighty eight years.

STATEMENT.

Christian Name and Surname of Patient at length,	Mary Frazer or Lindsay
Sex and Age,	Female. age 61
Married, Single, or Widowed,	Widowed.
Condition of Life, and Previous Occupation (if any),	No occupation
Religious Persuasion, so far as known,	Established Church of Scotland
Date of Admission into Asylum,	October 7th 1880
Length of time Insane,	eight years
Whether first Attack,	Yes
Age (if known) on first Attack,	53 years
Duration of existing Attack,	Eight years
Supposed Cause,	Unknown
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	Yes
Parish to which the Lunatic (if a Pauper) is Chargeable,	Not a pauper.
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	John Fraser Lindsay Joiner 6 East Blackhall Street Greenock (Son) Jessie Lindsay 2 Allanta Terrace Dowanhill Glasgow (Daughter) No

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) John Morison

DATED this 2nd day of June One thousand eight hundred and eighty eight years

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Albert Edward Henderson being (1) a Bachelor of Medicine Master in Surgery hereby certify that I have this day at (2) The Argyle & Bute Asylum personally examined Mary Frazer or Lindsay at present Patient in said Asylum, and with respect to her Mental State that she suffers from Chronic Mania, she spoke to several persons, says her God has come in it, she also hears her daughters voice under the ; and with respect to Bodily Health and Condition that they are good

(1) State Medical Qualifications.
(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

A. E. Henderson M.B.

DATED this 1st day of June One thousand eight hundred and eighty-eight

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SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

Application having been made to the Board by (1) John Morrison to authorize the transfer of Mary Frazer or Lindsay from Argyll District Asylum to Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer of the said Mary Frazer or Lindsay as requested.

John Sibbald Commissioner

DATED at Edinburgh, this 4th day of June One thousand eight hundred and eighty-eight.

(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 14 days from date.

Date of Sheriffs Order.
5th October, 1880.

No. 5232.
Mary Frazer or Lindsay
admitted 12 June 1888

9516. [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 12 JUN 88

, the undersigned, John Laurie, Inspector of Poor for the Parish of Tynron,
eing desirous to transfer James Frazer,
t present a Patient in Glasgow District Asylum, Bothwell, , and (1)
a Pauper Lunatic of the Parish of which I am Insp^r. from the said Asylum to the
richton Royal Institution (Pauper Royal) hereby request the authority of
he Board to such transfer; and I subjoin a Statement of Particulars regarding the said
James Frazer and a Medical Certificate with
espect 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 Laurie
(2) Insp^r. of Poor, Tynron

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Tynron this 11th day of June
ne thousand eight hundred and eighty eight years.

STATEMENT.

1. Christian Name and Surname of Patient at length,	James Frazer
2. Sex and Age,	Male 25 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and Previous Occupation (if any),	Blacksmith
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	15 May 1888
7. Length of time Insane,	insane about 7 weeks
8. Whether first Attack,	yes
9. Age (if known) on first Attack,	25
10. Duration of existing Attack,	about 7 weeks
11. Supposed Cause,	unknown.
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,	Tynron
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,	wife Grace Grierson 140 Merry's Rows. Blantyre

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) John Laurie

DATED this 11th day of June One thousand eight
hundred and eighty eight years.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Archibald Campbell Clark

(1) State Medical Qualification.
(2) Name Asylum.

being (1) a Doctor of Medicine of Edinburgh University
hereby certify that I have this day at (2) Glasgow District Asylum
personally examined James Fraser at present
Patient in said Asylum, and with respect to his Mental State that he labours under
Mania, that he believes I am heir to the throne, and also
his brother; and that he is very mischievous and suicidal

; and with respect to his
Bodily Health and Condition that They are weak.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Crichton Royal Institution Dumfries.

A Campbell Clark M.D.

Dated this Eighth day of June One thousand eight hundred and eighty eight

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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 Tynron to authorize the transfer of James Frazer from Glasgow District Asylum to Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said James Frazer as requested.

(2) Valid for fourteen days from date.

John Sibbald Commissioner.

Dated at Edinburgh, this 12th day of June One thousand eight hundred and eighty-eight.

Date of Sheriff's Order:-
16th May, 1888.

No. 5233.
James Frazer,
Tynron.
Admitted 13 June 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Stewartry~~ *of* Dumfries and Galloway *and his Substitutes,—*

The Petition of John M'Cracken Inspector of Poor Kirkpatrick humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary M'Veall or Johnston 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 M'Veall or Johnston 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) John M'Cracken

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eighth (4) day of June One thousand eight hundred and eighty eight

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary M'Veall or Johnstone
2. Sex and Age,	Female 42 years
3. Married, Single, or Widowed,	Married (deserted)
4. Condition of Life, and previous Occupation (if any),	Confectionary worker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Portpatrick Dumfries & Stranraer
7. Place where Found and Examined,	Portpatrick Dumfries & Stranraer
8. Length of time Insane,	22 months
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	40 years
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	Transferred from Stirling District Asylum 6th October 1884
12. Duration of Existing Attack,	22 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,	Portpatrick
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Eighth day of June One thousand eight hundred and eighty eight

To be signed by the Party applying) John M'Cracken

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Easton
being a (1) Doctor of Medicine (Edin.)
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Poorhouse Stranraer Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Mary McCall or Johnstone and that the said Mary McCall or 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)

- imbecility. delusions of imagining her hu[illegible] is here & addressing him — talks incoherently

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

She is already in the female lunatic [illegible] And the female attendant, Miss Henderson, [illegible] She is of very dirty habits

Name and Medical Designation, Thomas Easton M.D.

Place of Abode, Stranraer

DATED this Seventh day of June One thousand eight hundred and Eighty Eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Mackenzie
being a (1) Bachelor of Medicine and Master of Surgery
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Poorhouse Stranraer Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Mary McCall or Johnstone and that the said Mary McCall or 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)

She talks incoherently, and laughs on an uncalled for manner. Her "Uncle Samuel" and a certain "Mr Gordon" are constantly referred to by her and her whole bearing is characteristic of insanity

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

She is at present in the Lunatic Wards.

Name and Medical Designation, Thomas Mackenzie M.B.C.M.

Place of Abode George Street. Stranraer

DATED this Seventh day of June One thousand eight hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 M'Gibbon Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) John M'Cracken
Inspector of Poor Portpatrick
Certificates under the hands of Thomas Easton Doctor of Medicine Stranraer
and Thomas M'Kenzie 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)
Mary M'Caller Johnston an inmate of Rhins Parkhouse and that the said
Mary M'Caller Johnston is a (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 M'Caller Johnston as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary M'Caller Johnston which accompanied the said Petition.

DATED this Twelfth day of June One thousand eight hundred and eighty eight

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.

Port patrick
Admitted 1st June 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of Dumfries ~~of the~~ (2) and Galloway, ~~of~~ *and his Substitutes,*—

The Petition of Mrs Elizabeth Kirkpatrick, 96 Irish St, Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Joseph Kirkpatrick, Engine Cleaner, 96 Irish St, Dumfries, 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 Joseph Kirkpatrick, to the Crichton Royal Institution, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Elisabeth Kirkpatrick

DATED this eighteenth (4) day of June, One thousand eight hundred and eighty eight.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Admitted 18th June 1888

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Joseph Kirkpatrick.
2. Sex and Age,	Male.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Engine Cleaner.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	96 Irish Street. Dumfries.
7. Place where Found and Examined,	96 Irish Street. Dumfries.
8. Length of time Insane,	About fourteen days.
9. Whether First Attack,	50 years.
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,	14 days.
13. Supposed Cause,	Boys tormenting him and flitting to present House.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	He threatened to drown himself.
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,	Elisabeth Kirkpatrick 96 Irish Street Dumfries (wife)
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowlegde, the above particulars are correctly stated.

DATED this Sixteenth day of June One thousand eight hundred and eighty eight years.

(To be signed by the Party applying) Elisabeth Kirkpatrick

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Glasgow ——— and being in actual practice as a (2) Physician and Surgeon ——— do hereby certify, on soul and conscience, that I have this day, at (3) 96 Irish Street, Dumfries, ——— in the County of Dumfries ——— separately from any other Medical Practitioner visited and personally examined (4) Joseph Kirkpatrick, Engine Cleaner, 96 Irish Street, Dumfries ——— and that the said Joseph Kirkpatrick ——— is a (5) person of unsound mind ——— and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He refuses food, wanders about in an aimless manner and talks nonsense. –

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife informs that he does not sleep, and will not remain in his house at night.

Name and Medical Designation, Hugh Cunningham M.D.

Place of Abode, 25 Castle Head, Dumfries

DATED this Sixteenth day of June One thousand eight hundred and eighty eight years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Cunningham ——— being a (1) Licentiate of the Royal College of Physicians 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) 96 Irish St Dumfries ——— in the County of Dumfries ——— separately from any other Medical Practitioner, visited and personally examined (4) Joseph Kirkpatrick, Engine Cleaner 96 Irish Street ——— and that the said Joseph Kirkpatrick is a (5) person of unsound mind ——— and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He talks with his mother in this manner 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) He does not sleep at night & fancies something is going to happen to him, his wife informs me of this.

Name and Medical Designation, John Cunningham M.D. & C.M.

Place of Abode Dumfries

DATED this Sixteenth day of June One thousand eight hundred and eighty eight 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) 96 Irish Street, Dumfries, in the County of Dumfries, ——, seen and personally examined Joseph 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.

Hugh Cunningham M.D.

DATED this sixteenth day of June, — One thousand eight hundred and eighty eight 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 Stope (1) Sheriff Substitute of the (2) County — of Dumfries having had produced to me, with a Petition at the instance of (3) Mr. Elizabeth Kirkpatrick, 96 Irish Street, Dumfries — Certificates under the hands of Hugh Cunningham, — and John Cunningham —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Joseph Kirkpatrick, Engine Cleaner, 96 Irish St. Dumfries (Pauper Husband) and that the said Joseph Kirkpatrick, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Joseph Kirkpatrick, as a Patient into the (6) Public — Asylum of Crichton Royal Institution Dumfries and I authorize he is Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Joseph Kirkpatrick which accompanied the said Petition.

DATED this Eighteenth day of June, — One thousand eight hundred and eighty eight years —

David Boyle Stope

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.

No 5235.

Joseph Kirkpatrick

Admitted 16 June 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (1) Sheriffdom of Dumfries & Galloway *and his Substitutes,*—

The Petition of George Dickson Baillie

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David McKnight your Petitioner's (2) Ward as 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 David McKnight to the Crichton Royal Institution & Southern Counties and to sanction his admission into the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Geo. D. Baillie

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this sixteenth (3) day of June One thousand eight hundred and eighty eight

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	David Mc Knight
2. Sex and Age,	Male about 45 years
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	Ploughman
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Mid (or East) Glenstockadale, Leswalt
7. Place where Found and Examined,	Stranraer
8. Length of time Insane,	Noticed for some 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,	about a fortnight
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,	June 16th 1888
19. Christian Name and Surname, and Place of Abode of nearest known 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 Sixteenth day of June One thousand eight hundred and eighty eight

(To be signed by the Party applying) Geo. D. Baillie Asp. P. P. of Stranraer Parish

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Alexander William Dalgarno being a (1) graduate in medicine & surgery of Aberdeen University and being in actual practice as a (2) physician & surgeon do hereby certify, on soul and conscience, that I have this day, at (3) County Buildings Stranraer in the County Wigtown separately from any other Medical Practitioner visited and personally examined (4) David Mackenight and that the said David McKnight is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 whole a[illegible] is that of person who has not a str[illegible] mind. His memory is very defe[illegible] both as to persons & events.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) [illegible] Biggam, his mistress & Mr. Biggam [illegible] both tell me that he is quite unfit to [illegible] his work in the farm. The police have apprehended him for stealing in the [illegible]

Name and Medical Designation, } A W Dalgarno M[illegible]

Place of Abode, 17 Lewis Street, Stranraer

DATED this Sixteenth day of June One thousand eight hundred and eighty eight

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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 & Su[illegible] and being in actual practice as a (2) general practitioner do hereby certify, on soul and conscience, that I have this day, at (3) County Buildings Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) David McNeight, a pauper, and that the said David McNeight is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 been two days in prison. Has a very simple appearance. Says he lifted a rug and overcoat because he thought they were his own. &c.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr. Biggam, his master, says that he drill[illegible] a part of land and then harrowed them [illegible] That he was going to take a farm and [illegible] it with cabbage &c.

Name and Medical Designation, } Hugh Cochrane L.R.C.P.Ed. L.F.P.[illegible]

Place of Abode Stranraer

DATED this sixteenth day of June One thousand eight hundred and eighty-eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Kirktown
having had produced to me, with a Petition at the instance of (3) George Dickson Bailie
Inspector of Poor, Stranraer
Certificates under the hands of Dr. A. W. Dalgarno 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)
David McKnight, Pauper and that the said
David McKnight is a (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 McKnight as a Patient into the (6) District 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 McKnight which accompanied the said Petition.

DATED this Sixteenth day of June One thousand eight hundred and eighty eight

W. McGibbon

To the Superintendent of the (7) District
Asylum of Dumfries, 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.

David McKnight

Stranraer

Admitted 16 June 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) 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 Allan or 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 Agnes Allan or Murray, 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.

(*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 21st (4) day of June, One thousand eight hundred and Eighty Eight 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 Allan or Murray.
2. Sex and Age,	Female, 26 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,	Two Closes High St Dumfries
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	a few weeks
9. Whether First Attack,	Yes
0. Age (if known) on First Attack,	—
1. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	—
2. Duration of Existing Attack,	—
3. Supposed Cause,	—
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,	21st June 1888.
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,	Michael Murray, husband, resides Two Closes High St. Dumfries. Mother presently in Asylum.
0. 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 21st day of June, One thousand eight hundred and Eighty Eight 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 Marsh[illegible] being a (1) Graduate in Medicine of Gla[illegible] 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) Two C[illegible] High St. Dumfries, in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Agnes Allan or Murray a pauper and th[illegible] the said Agnes Allan or Murray is a (5) person of unsound mind and a proper Person to be detain[illegible] under Care and Treatment, and that I have formed this opinion upon the followi[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has an insane looks. Talks incoherent[illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The neighbours states she is restle[illegible] & at times outrageous

Name and Medical Designation, J G Marshall

Place of Abode, Buccleuch St D[illegible]

DATED this 21 day of June One thousand eig[illegible] hundred and eighty eight years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Two Closes Dumfries in the County o[illegible] Dumfries separately from any other Medical Practitioner visited and personally examined (4) Agnes Allan or Murray a Pauper and th[illegible] the said Agnes Allan or 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 followin[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her insa[illegible] vacant expression. & rambling incohe[illegible] conversation. States that she cannot control herself.

(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 th[illegible] she has been during the last fortnight re[illegible] restless talking continually in an insane rambling manner.

Name and Medical Designation, John Smith [illegible]

Place of Abode 14 Cayth St Dum[illegible]

DATED this 21st day of June One thousand eight hundred and eighty eight 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 M'Innes, Inspector of Poor, Dumfries, Certificates under the hands of Joseph Garbaldi Marshall, and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Allan or Murray, Two Closes, High St, Dumfries (Pauper) and that the said Agnes Allan or 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 Agnes Allan or Murray, as a Patient into the (6) Public Asylum of Southern Counties, Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Allan or Murray, which accompanied the said Petition.

DATED this Twenty first day of June, One thousand eight hundred and eighty eight 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.

Agnes [illegible] or
Murray
admitted 21st June 1888

Dumfries

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) The Shire of Lanark

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) Andrew Wallace Inspector of Poor Govan Combination

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that James Hunter Auchenhew Arran now 7 Carlton Place Govan

(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 Hunter to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

Andw Wallace

The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this Twenty first (5) day of June One thousand eight hundred and eighty eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1 Christian Name and Surname of Patient at length,	James Hunter
2 Sex and age,	Male 59 years
3 Married, Single, or Widowed,	Married
4 Condition of Life and previous Occupation (if any),	Pattern designer
5 Religious Persuasion, so far as known,	Protestant
6 Previous place of abode,	Auchenhew Arran.
7 Place where found and examined,	7 Carlton Place Govan
8 Length of time Insane,	About 3½ years.
9 Whether First Attack,	No
10 Age (if known) on First Attack,	Aged 33 years.
11 When and where previously under Examination and treatment,	Gartnavel Lunatic Asylum. Govan 1862 till 1863.
12 Duration of Existing Attack,	About 3½ years
13 Supposed Cause,	Unknown.
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,	Govan Combination Lunatic
18 Date of becoming Chargeable,	10th September 1866
19 Christian Name and Surname, and Place of Abode of nearest known 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 Hunter (wife) Govan Dumbarton Rd c/o Mr Gulliland 24 Howard St. 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 Twenty first day of June One thousand eight hundred and eighty eight.

(To be signed by the Party applying) Andw Wallace

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - -
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - -
16. Has he threatened or attempted violence to others? If so, in what way? - -
17. How long has he been insane? - -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, John Davis
being (1) MD Glasgow University &c.
hereby certify, on soul and conscience, that I have this day, at (2) 7 Carlton Pl. Pl.
in the County of Lanark, seen and personally examined
James Hunter, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J. Davis MD

DATED this Twenty first day of June One thousand eight hundred and Eighty Eight years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I the undersigned, John Banie
being a (1) M.D. Glasgow University &c.

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

an being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day at (3) 7 Carlton Pl
Glasgow in the County of
Lanark separately from any other Medical Practitioner,
visited and personally examined (4) James Hunter, 7 Carlton
Place, Glasgow, a pauper and that
the said James Hunter is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Is imbecile. Cannot understand or answer questions.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has been treated for Insanity for Twenty five years.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, John Banie M.D.

Place of Abode, 2 Royal Cres Crophill.

DATED this Twenty first day of June One thousand eight
hundred and Eighty Eight years.

MEDICAL CERTIFICATE.—No. II.

I the undersigned, John V. Wallace
being a (1) L.R.C.S.Edin

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

an being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 7 Carlton
Place. Glasgow in the County of
Lanark separately from any other Medical Practitioner,
visited and personally examined (4) James Hunter, 7 Carlton Place.
Glasgow—a pauper and that
the said James Hunter is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)

(6) *State the Facts.*

He has an imbecile look; has very little intelligence; cannot converse, but talks in a mumbling incoherent manner when spoken to.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Has been in the Asylum before, and has been boarded out lately at Arran.

Name and Medical Designation, John V. Wallace L.R.C.S.Edin

Place of Abode, 47 Calder Street, Govanhill

DATED this Twenty-first day of June One thousand eight
hundred and Eighty-eight 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 Guthrie (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of Andrew Wallace Inspector of Poor, Govan Combination Certificates under the hands of John Barrie and John V. 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 James Hunter Auchenhew, Arran now of Carlton Place, Glasgow and that the said James Hunter is a (3) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Hunter as a Patient into the 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 Hunter 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 21st day of June One thousand eight hundred and eighty eight

[signature]

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, James Hunter
Govan Combination
Date of Admission, 21st June 1888

No. 5238

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)

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)

is at present in a state of Mental Derangement, and 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 Crichton Royal Institution for the Insane at Dumfries, and to sanction 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,	Jane Hague
2. Sex and age,	Female 50
3. Married, Single, or Widowed,	single
4. Condition of Life and previous Occupation (if any),	
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous place of abode,	Cavan
7. Place where found and examined,	Cavan
8. Length of time Insane,	18 months
9. Whether First Attack,	yes
0. Age (if known) on First Attack,	
1. When and where previously under Examination and treatment,	Dublin, St Vincents Fairview
2. Duration of Existing Attack,	19th April 1887
3. Supposed Cause,	18 months
4. Whether subject to Epilepsy,	none
5. Whether Suicidal,	no
6. Whether Dangerous to others,	no
7. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	no
8. Date of becoming Chargeable,	
9. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Hague brother 21 Upper Mount Street Dublin 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 21st day of June One thousand eight hundred and eighty eight

(To be signed by the Party applying)..... William Hague

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace.	Canada
2. Character of Education.	Home 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?	Has been at Fairview for one year
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?	old age & consumption
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	no
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	no
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Melancholy & religious 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.?	yes want of appetite sleeplessness & falling off of flesh
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	health improved condition worse
13. What changes have taken place in his bodily symptoms?	no
14. Is he dirty, destructive, untidy, or obscene?	no
15. Has he threatened or attempted violence to himself? If so, in what way?	no
16. Has he threatened or attempted violence to others? If so, in what way?	no
17. How long has he been insane?	Eighteen 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, Matthew J. McInaid
being a (1) Surgeon & Physician
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day at (3) Brookvale in the County of Cavan separately from any other Medical Practitioner, visited and personally examined (4) Miss Jane Hague and that the said Miss Jane Hague is a (5) person of unsound mind 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 Melancholic expression of face, and from conversation with Miss Hague, as she constantly alluded to some religious scruples

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
From people who have been speaking to Miss Hague, and heard her express herself about these religious scruples

(7) *State the Information, and from whom derived.*

Name and Medical Designation, M. J. McInaid LRCSI LRCPI

Place of Abode, Cavan

DATED this 19th day of June One thousand eight hundred and Eighty Eight

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MEDICAL CERTIFICATE.—No. II.

I the undersigned, William Malcomson FRCSI.
being a (1) Member of the King & Queens College of Physicians
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Brookvale near the Town of Cavan in the County of Cavan separately from any other Medical Practitioner, visited and personally examined (4) Miss Jane Hague and that the said Miss Jane Hague is a (5) of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) From personal observation over a period of about two years from time to time I can state that she has been suffering from Melancholic accompanied with Hallucination & Delusions &c

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
From her friends & Relations I learn that her Melancholic Symptoms relate to domestic & Religious Matters — have done so for some time —

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Wm Malcomson FRCSI

Place of Abode, Farnham St Cavan

DATED this Twentieth day of June One thousand eight hundred and Eighty Eight.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISS
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, *or* Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, (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 Pe
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Car
Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lu
Asylums in Scotland," setting forth that they had separately visited and examin
and that th

(4) Describe the Patient, and if a Pauper, state so.

is a (5)

(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE y
receive the said as a Patient in
Crichton Royal Institution for the Insane at Dumfries, and I authorize
Transmission to the said Asylum accordingly; and I transmit you herewith th
Medical Certificates, and a Statement regarding the said
which accompanied the said Petition.

DATED this day of One thousand
hundred and

.....

To the Medical Superintendent of the
Crichton Royal Institution, Dumfries.

Name, Jane Logue

Date of Admission, 21 June 1888

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway, *at Dumfries, and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) Robert Hague, Merchant, Brookvale, Cavan Ireland, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Jane Hague, ——————

(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 Jane Hague, ——————— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction the admission into the said Asylum.

Robert Hague

(5) The date of the Petition must be within four clear days following the dates of the Medical Certificate.

DATED this twenty third - (5) day of June, ——— One thousand eight hundred and eighty eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1 Christian Name and Surname of Patient at length,	Jane Hague,
2 Sex and age,	Female. - 50 years.
3 Married, Single, or Widowed,	Single.
4 Condition of Life and previous Occupation (if any),	Roman Catholic
5 Religious Persuasion, so far as known,	Cavan - Ireland
6 Previous place of abode,	Buccleugh Street Dumfries & Crichton Royal Institution
7 Place where found and examined,	18 months -
8 Length of time Insane,	Yes
9 Whether First Attack,	4 8½ years
10 Age (if known) on First Attack,	Fairview Asylum Dublin
11 When and where previously under Examination and treatment,	1½ years.
12 Duration of Existing Attack,	—
13 Supposed Cause,	No
14 Whether subject to Epilepsy,	No
15 Whether Suicidal,	No
16 Whether Dangerous to others,	—
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18 Date of becoming Chargeable,	—
19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Hague. 21 Upper Mount Street Dublin (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 twenty third — day of June, ——— One thousand eight hundred and eighty eight.

(To be signed by the Party applying). Robert Hague

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Cavan
2. Character of Education,	Home 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?	Has been at Jarvis Asylum one year
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	old age & Consumption
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	No
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Melancholy & delusions religious nature
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 appetit - sleepl & falling off in flesh
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Bodily health improved - mental condition worse
13. What changes have taken place in his bodily symptoms?	
14. Is he dirty, destructive, garrulous, or obscene?	No
15. Has he threatened or attempted violence to himself? If so, in what way?	No
16. Has he threatened or attempted violence to others? If so, in what way?	
17. How long has he been insane?	Eighteen 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 Doctor of Medicine of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries seen and personally examined Jane Hague, and that the said person is of unsound mind, and 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 twenty first day of June One thousand eight hundred and Eighty-Eight

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, John Cunningham
being a (1) Licentiate of the Royal College of Physicians & Surgeons & Med — (2) Physician & Surgeon
and being in actual practice as a (2) (3) 35 Buccleuch Street, Dumfries
hereby certify, on soul and conscience, that I have this day at (3) 35 Buccleuch Street, Dumfries, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Miss Jane Hague, Brookvale Cavan and that the said Miss Jane Hague is a (5) person of unsound mind 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 in a very desponding state of mind & considers herself one of the greatest of sinners, melancholic.

(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 very sleepless.

Name and Medical Designation, John Cunningham Med C R C S 1820

Place of Abode, 35 Buccleuch Street

DATED this Twenty first day of June One thousand eight hundred and Eighty eight years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Hunter Dryden
being a (1) Licentiate of the Royal College of Physicians of Edinburgh
and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Miss Jane Hague of Brookvale, Cavan, Ireland and that the said Miss Jane Hague is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) She is very dull, despondent and melancholic. She imagines that she is now being punished by the almighty for [illegible] sins [illegible]

(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

Place of Abode, 26 Castle Street, Dumfries

DATED this twenty third day of June One thousand eight hundred and eighty eight years

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISS[illegible]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope, (1) Sheriff-Subst[illegible] of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert [illegible] Merchant, Brookvale, Cavan, Irel[illegible] Certificates under the hands of John Cunningham and James Hunter Dryden, being two Medical P[illegible] duly qualified in terms of an Act, intituled "An Act for the Regulation of the Ca[illegible] Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of L[illegible] Asylums in Scotland," setting forth that they had separately visited and examin[illegible] Hague, Brookvale, Cavan, Ireland, Politicians [illegible] and that th[illegible] Jane Hague, is a (5) person of un[illegible] mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE y[illegible] receive the said Jane Hague as a Patient in [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 th[illegible] Medical Certificates, and a Statement regarding the said Jane Ha[illegible] which accompanied the said Petition.

(3) 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 thousan[illegible] hundred and eighty eight years.

David Boyle Ho[illegible]

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Jane Hague.

Date of Admission, 21 June 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2)~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of John Carson (Inspector of Poor)

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Hume Adams, Muirhead, (Kirkmabreck.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper Creetown.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Hume Adams, to the Southern Counties Asylum, Dumfries and to sanction his admission into the said Asylum.

(*To be signed by the Party applying*) John Carson 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 First (4) day of June One thousand eight hundred and Eighty Eight 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,	Hume Adams.
Sex and Age,	Male - about 26 Years.
Married, Single, or Widowed,	Single.
Condition of Life, and previous Occupation (if any),	Gardener.
Religious Persuasion, so far as known,	Protestant.
Previous Place of Abode,	Castlewig Wigtownshire.
Place where Found and Examined,	Muirhead, Kirkmabreck Parish.
Length of time Insane,	Three Years.
Whether First Attack,	First attack.
1 Age (if known) on First Attack,	
1 When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	" " "
1 Duration of Existing Attack,	Three Years
1 Supposed Cause,	Supposed to be by a kick with a horse on the head
1 Whether subject to Epilepsy,	No.
1 Whether Suicidal,	No.
1 Whether Dangerous to others,	Yes.
1 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkmabreck.
1 Date of becoming Chargeable,	June 21st 1888.
1 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Adams Father Muirhead Creetown His mother has been weak minded for some years
2 Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 21st day of June. One thousand eight hundred and 88 years

(*To be signed by the Party applying*) John Carson

Inspector of Poor.

Kirkmabreck

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Clark, ——— being a (1) Licentiate of the Faculty of Physicians and Surgeons, Glasgow. ——— Physician and being in actual practice as a (2) Surgeon. ——— do hereby certify, on soul and conscience, that I have this day, at (3) Municipal Buildings, Kirkintilloch, ——— in the County of Dunbarton, ——— separately from any other Medical Practitioner visited and personally examined (4) Hume Adams, Gardener, Muirhead, Kirkintilloch, Pauper, ——— and that the said Hume Adams ——— is a (5) Person of Unsound Mind ——— and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Dirty in his clothes and Person.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

His father David Currie. Sarah Cumming. Refuses to work, dresses, keeps himself clean and to work. When asked to do so is violent, He does not allow his sister to enter the house: turns his mother out of doors. Will be worse. Should take away from his father's life first opportunity.

Name and Medical Designation, James Clark. M.D.

Place of Abode, Newton Stewart, Wigtownshire.

DATED this twenty first day of June — One thousand eight hundred and eighty eight 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 Donald Mackith being a (1) Licentiate of the Royal College of Surgeons Edinburgh M B Glasgow and being in actual practice as a (2) Surgeon Midwifery do hereby certify, on soul and conscience, that I have this day, at (3) Kirkintilloch Parish ——— in the County of Kirkcudbright ——— separately from any other Medical Practitioner visited and personally examined (4) Hume Adams, Gardener, Muirhead, Kirkintilloch Pauper and that the said Hume Adams ——— is a (5) Person of unsound mind ——— and a proper person to be detained under Care and Treatment, 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 violence to myself wandering gaze and Lazy person. Filthy habits —

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Mrs A Stroyan Mrs A Kelly when offered work refused to do it sits all day in the house and lies in his parents if he is disturbed in bed

Name and Medical Designation, W. Donald Mackith L.R.C.S.E.

Place of Abode Kirkintilloch

DATED this 21st day of June, One thousand eight hundred and 88.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and 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 Corson,
Inspector of Poor Kirkmahoe,
Certificates under the hands of James Clark,
and William Donald Mackeith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Hume Adams, Gardener, Muirhead, Kirkmahoe (a pauper) and that the said Hume Adams is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Hume Adams, as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Hume Adams, which accompanied the said Petition.

DATED this twenty second day of June, One thousand eight hundred and eighty eight 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.

(Kirkmabreck)

Admitted 22 June 1888.

9521

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

PLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT
RNSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

th undersigned Robert James Stevenson
g esirous to transfer Henry Stevenson
rent a Patient in Lochgilphead Asylum, and (¹)
a nearest relative I am from the said Asylum to the
yl Crichton Institution Dumfries hereby request the authority of
B rd to such transfer; and I subjoin a Statement of Particulars regarding the said
ery Stevenson and a Medical Certificate with
ec to his mental and bodily condition.

(¹) If Lunatic is not a Pauper: detained at my instance, or whose nearest known relative I am. If Lunatic is a Pauper: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

Robert James Stevenson
(²) Brother

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

ATED at Dolphinton this 14th day of June ~~1888~~
thousand eight hundred and 88

(Kirkmabreck)

STATEMENT.

Christian Name and Surname of Patient at length,	Henry Stevenson
Sex and Age,	Male 61
Married, Single, or Widowed,	Single
Condition of Life, and Previous Occupation (if any),	Licentiate of the Church of Scotland
Religious Persuasion, so far as known,	Protestant
Date of Admission into Asylum,	Jany 31st 1880.
Length of time Insane,	Upwards of 33 years
Whether first Attack,	Believed to be second
Age (if known) on first Attack,	Over 25 years
Duration of existing Attack,	33 years
Supposed Cause,	Probably over study
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	No
Parish to which the Lunatic (if a Pauper) is Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been insane,	Robert James Stevenson, The Manse Dolphinton Brother. A sister of Mr. Stevenson is insane & a member of an asylum

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) Robert James Stevenson

DATED this 14th day of June One thousand eight hundred and 88

N.B.—The foregoing particulars are required for the information of the authorities to those are the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned John Cameron
being a Doctor of Medicine of Edinburgh University
(1) State Medical Qualification.
(2) Name Asylum.
hereby certify that I have this day at (2) Argyle and Bute Asylu
personally examined Henry Stevenson at present
Patient in said Asylum, and with respect to his Mental State that he is in
state of advanced dementia and takes n
notice of anything

; and with respect to
Bodily Health and Condition that they are impaired and th
he suffers from Piles

and I further certify that, in my opinion, there is nothing in the Mental or Bodily C
dition of the Patient to contraindicate removal to the Asylum of Dumfrie

J. Cameron M.D

DATED this Twelfth day of June One thousand e
hundred and eighty-eight

SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sher*

(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 Revd R. J. Fo
to authorize the transfer of Henry Stevenson
from Lochgilphead Asylum to the Royal
Crichton Institution Dumfries and the Board having considered such application
the accompanying Medical Certificate, do hereby authorize the transfer (2) of the
Henry Stevenson as requested.

John Sibbald Commissioner

DATED at Edinburgh, this 16th day of June
thousand eight hundred and eighty-eight.

No 52 of 1.
Henry M. A. Stevenson
Admitted 23 June 1888

Date of Sheriffs' order:-
Previous to 1858

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes*—

The Petition of James Forrest Inspector of Poor Carnwath humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Simpson 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 Simpson to the and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Forrest Inspector

DATED this 25th (4) day of June One thousand eight hundred and eighty eight

(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 Simpson
2. Sex and Age,	Female 52 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Braehead
7. Place where Found and Examined,	Braehead
8. Length of time Insane,	Uncertain
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,	was always of weak mind
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Carnwath Parish
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	18th June 1888
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 relations living & to my Knowledge none of the family were ever insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 25th day of June One thousand eight hundred and eighty eight

(To be signed by Party applying) James Forrest 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, 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) Braehead in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Mary Simpson and that the said Pauper Mary Simpson is a (5) person of ~~unsound~~ mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Lies huddled up in bedclothes ~~[illegible]~~ & want allow herself to be seen — When roused she strikes with her clenched fist, & tries to scratch — She takes turns of singing & swearing & at intervals cries loudly about Bl[illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

She sometimes tears her night dress & handkerchief into shreds — Passes all motions from the Bowels & Urine in the Bed Bawls loudly at night so disturbing the neighbours Never rises out of Bed —

Name and Medical Designation, Henry W Sinclair M B C M

Place of Abode, Camwath Lanark

DATED this Twentieth day of June One thousand eight hundred and Eighty Eight

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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. W. Thomson 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) Braehead Lanark in the County of — separately from any other Medical Practitioner, visited and personally examined (4) Mary Simpson Braehead (Pauper) and that the said Mary Simpson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Lay covered in Bed clothes — on having them removed, sat staring in corner would answer not a single question nor lie down — She struck viciously on attempting to touch her hand — on going into lobby on pretence of leaving, she burst out into exultant yells —

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Screams & sings (loudly) nursery rhymes during night — will speak to no one — won't rise from bed — has lain for years of dirty habits — passes all in bed — perfectly indifferent to [illegible]

(Mr. Forrest Braehead)

Name and Medical Designation, Geo. W. Thomson [illegible]

Place of Abode Haywood, Lanark

DATED this 23 day of June One thousand eight hundred and Eighty Eight —

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, Alexander Peterson (1) Sheriff Substitute
of the (2) County of Lanark
having had produced to me, with a Petition at the instance of (3) James Forrest
Inspector of Poor Carnwath
Certificates under the hands of Henry W. Sinclair M.D.R.C.M. Carnwath
and George W. Thomson M.D. Haywood being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Simpson (Paupers) Braehead Carnwath and that the said
Mary Simpson is a (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 Simpson as a Patient into the
(6) Public Asylum of Crichton Royal Institution, 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 twenty sixth day of June One thousand eight hundred and eighty eight

A. Peterson

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 5242.

Mary Simpson.

(Barnwath)

Admitted 27 June 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Lanark *and his Substitutes,*—

The Petition of William George Bourne, Assistant Inspector of Govan Combination Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Charles John Francis, 63 Victoria Road Glasgow your Petitioner's (3) 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 Charles John Francis 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.

(To be signed by the Party applying) W E Bourne

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty Seventh (4) day of June One thousand eight hundred and eighty eight 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,	Charles John Francis
2. Sex and Age,	Male 40 years
3. Married, Single, or Widowed,	Married,
4. Condition of Life, and previous Occupation (if any),	Ship Steward
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	63 Victoria Road Glasgow
7. Place where Found and Examined,	63 Victoria Road Glasgow
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,	A few days
13. Supposed Cause,	Drink
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,	Govan Combination
18. Date of becoming Chargeable,	27th June 1888
19. Christian Name and Surname, and Place of Abode of nearest known 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, Christ.th Wade or Francis 63 Victoria Road 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 Twenty Seventh day of June One thousand eight hundred and eighty eight Years.

To be signed by the Party applying) W E Bourne

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Banks
being a (1) M.D. Master Lunacy &c.

and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 63 Victoria Road, Govan, in the County of Lanark, separately from any other Medical Practitioner, visited and personally examined (4) Charles John Francis, 63 Victoria Road Govan - a Pauper and that the said Charles John Francis is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, 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 lying in bed talking in a rambling incoherent manner, has delusions, imagines he sees animals running about the room. -

(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 in this condition for a week, has been very restless & sleepless, &c. -not be controlled, is also very outrageous & suicidal. -

Name and Medical Designation, John Banks M.D.

Place of Abode, 7 Royal Crescent Govan

DATED this twenty fifth day of June One thousand eight hundred and Eighty eight 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 V. Wallace
being a (1) L.R.C.S.E.

and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 63 Victoria Road, Govanhill, Glasgow in the County of Lanark, separately from any other Medical Practitioner, visited and personally examined (4) Charles John Francis, 63 Victoria Road, Govanhill, Glasgow - a pauper and that the said Charles John Francis is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Was sitting up in bed, talking in a rambling incoherent manner; has delusions of sight and hearing, and fancies that his friends are trying to get up a case against him about a murder.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has been under care of two male attendants for a few days only that he fancies he sees birds and beasts about the room and that he hears voices. He is also violent, outrageous, (illegible)

Name and Medical Designation, John V. Wallace, L.R.C.S.E.

Place of Abode 47 Calder St. Govanhill

DATED this Twenty-seventh day of June One thousand eight hundred and Eighty-eight 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 V. Wallace being (1) L.R.C.S.E. hereby certify, on soul and conscience, that I have this day, at (2) 63 Victoria Road, Govanhill, Glasgow in the County of Lanark, seen and personally examined Charles John Francis, and that the said person is of unsound mind, and 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 V. Wallace, L.R.C.S.E.

DATED this Twenty-seventh day of June One thousand eight hundred and Eighty-eight 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 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 George Downie Assistant Inspector of Poor Govan Combination Certificates under the hands of John Barrie and John V. 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) Pauper Charles John Francis 63 Victoria Road Govan and that the said Charles John Francis is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Charles John Francis as a Patient into the Crichton Royal ~~Asylum~~ 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 Charles John Francis which accompanied the said Petition.

DATED this 27th day of June One thousand eight hundred and eighty eight

D D Balfour

To the Superintendent of the (7) ~~Asylum of~~ Crichton Royal Institution 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.

No. 5243.

Charles John Francis

(Govan)

Admitted 27 June 1888

No. 205
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) Shire of Dumfries ~~Stewartry~~ *and his Substitutes,*—

The Petition of Archibald Dempster, Inspector of Poor, City Parish Glasgow, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Craig, Pauper Inmate of Towns Hospital, Glasgow, and presently chargeable to said Parish, ~~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 John Craig, Pauper, 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.

(To be signed by the Party applying) A Dempster

(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 June —— One thousand eight hundred and 88.

STATEMENT.

If any 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 Craig.
2. Sex and Age,	Male, 35 years.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Carter
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Presently an Inmate of Towns Hospital Glasgow.
7. Place where Found and Examined,	City Poorhouse, Glasgow.
8. Length of time Insane,	A few days.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	35 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	Not previously under treatment
12. Duration of Existing Attack,	A few days.
13. Supposed Cause,	Intemperance.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish Glasgow.
18. Date of becoming Chargeable,	27th June 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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, Elizabeth Young or Craig. address unknown.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 27th day of June —— One thousand eight hundred and 88.

(To be signed by the Party applying) A Dempster

Inspector of Poor, City Parish 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.D. being a (1) Graduate in Medicine of Glasg Univers and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) No 2 Ward Towns Hospital, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) John Craig, Pauper a pa[illegible] thereof and that the said John 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 quite incoherently is a voice hearer, God &c speaks to him and angels in white come and speak to him, is [illegible] & sleepless, thinks he has plenty of money and can [illegible] anything, is quite incapable of taking care of himself, and is [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He broke into a Mr Wilsons yard, Stirling Road and commenced to pile up wood against the gate to [illegible] an imaginary man from getting him, and to whom he was speaking to

Name and Medical Designation, Geo Buchan M.D.

Place of Abode, House, Towns Hospital, Glasgow

DATED this 27th day of June One thousand eight hundred and 88

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 City poorhouse, Glasgow, in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) John Craig, pauper, inmate of poorhouse and that the said John Craig 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) Imagines the God speaks to him by audible voice [illegible] he saw an angel who spoke to him, etc

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He is restless at night and disturbs his fellow-patients - Information from Nurse of ward.

Name and Medical Designation, Alex Robertson

Place of Abode 16 Newton Terrace, Glasgow

DATED this 27 day of June One thousand eight hundred and 88

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Geo. Buchan M.D. being (1) a Graduate in Medicine of Glasgow Univers hereby certify, on soul and conscience, that I have this day, at (2) N° 2 Ward Lowis Hospital Glasgow in the County of Lanark, seen and personally examined John 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.

Geo Buchan M.D.

DATED this 27th day of June One thousand eight hundred and 88

(1) 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) Archibald Dempster, Inspector of Poor, City Parish Glasgow, Certificates under the hands of George Buchan and Alexander Robertson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Craig, Lowis Hospital, Glasgow, a pauper, and that the said John Craig is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Craig as a Patient into the (6) Public Asylum of Southern Counties, Dfs. 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 Craig, which accompanied the said Petition.

DATED this Twenty eighth day of June, One thousand eight hundred and eighty eight years

David Boyle Stope

To the Superintendent of the (7) Public Asylum of Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No. 5244.

John Craig

City Parish Glasgow

Admitted 27 June '88

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Lanark *and his Substitutes,*—

The Petition of Archibald Dempster, Inspector of Poor, City Parish, Glasgow,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth De St. Croix or Miller, Pauper, residing at 20 Adamwell Street, Springburn, Glasgow, presently chargeable to said parish

(3) State degree of ~~your Petitioner's~~ 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 Elizabeth De St. Croix or Miller to the Crichton Royal Institution, Dumfries, and to sanction her admission into the said Asylum.

(To be signed by the Party applying) A Dempster

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 29th (4) day of June One thousand eight hundred and 88.

STATEMENT.

If any 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 De St. Croix or Miller.
2. Sex and Age,	Female, 39 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,	20 Adamwell Street, Springburn Glasgow.
7. Place where Found and Examined,	318 Parliamentary Road & City Parochial Asylum, Glasgow.
8. Length of time Insane,	a few days.
9. Whether First Attack,	~~Unknown.~~ Yes.
10. Age (if known) on First Attack,	~~No~~ 39, ~~supposed~~
11. When and where previously under Examination and Treatment [*name of Establishment (with which last received, and Year of Reception or approximation thereto*],	not previously under treatment.
12. Duration of Existing Attack,	A few days.
13. Supposed Cause,	Unknown.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish, Glasgow.
18. Date of becoming Chargeable,	28th June 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Graham Miller, resides at 20 Adamwell St. Springburn, Glasgow.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 28th day of June One thousand eight hundred and 88.

To be signed by the Party applying) A Dempster

P. Pr.

Inspector of Poor, City Parish, 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.D.
being a (1) Graduate in Medicine of Glasgow Univ
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 Rd Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth De St Croix or Mil from St Rollox Police Chambers later residing at 20 Adam and that the said Elizabeth De St Croix or Miller, 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 sees rats & running about her as if they were going to eat he Talks quite incoherently, and this morning she was to go & drown & herself, gets quite excited, and is qu incapable of taking care of herself & is dangerous

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

From Lieut McDonalds, she was found acti in an insane manner at Broomhill this mo

Name and Medical Designation, Geo Buchan M.D.

Place of Abode House, Lowis Hospital, Gl

DATED this 28th day of June One thousand eight hundred and 88

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 City Par Asylum, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth de St Croix or Mi pauper, late of St Rollox Police Chambers, Glasgow and that the said Elizabeth de St Croix or Miller 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) Hears imagina voices and sees imaginary forms; thinks is to be killed; talks incoherently.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Miss Paton, official, corroborates abov

Name and Medical Designation, Alex Robertson, M.D.

Place of Abode 16 Newton Terrace Glasgo

DATED this 29 day of June One thousand eight hundred and 88

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and 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) Archibald Dempster 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) Pauper Elizabeth De St Croix or Miller, 20 Adamswell Street Springburn. Glasgow and that the said Elizabeth De St Croix or Miller 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 De St Croix or Miller as a Patient into the (6) 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 Elizabeth De St Croix or Miller which accompanied the said Petition.

DATED this Twenty ninth day of June One thousand eight hundred and eighty eight

D D Balfour

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.

No. 5245.

Elizabeth De St. Croix
or Miller
City Parish. Glasgow.
Admitted 29 June 1888

9532

[FORM B²]

GENERAL BOARD OF LUNACY
27 JUN 88
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 Mrs Catherine Wilkie, St Helens, Merchiston being desirous to transfer Miss Harriett Henderson at present a Patient in the Royal Edinburgh Asylum, and (¹) she detained at my instance

from the said Asylum to the Sichlan Royal Institution, Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Miss Harriett Henderson 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.

Catherine Wilkie

(²) her Mothers sister

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Bournemouth this 29th day of June 1888 One thousand eight hundred and

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STATEMENT.

1. Christian Name and Surname of Patient at length,	Harriett Henderson
2. Sex and Age,	Female, 39
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Governess
5. Religious Persuasion, so far as known,	Presbyterian
6. Date of Admission into Asylum,	11 November 1882
7. Length of time Insane,	5 years & 6 mos
8. Whether first Attack,	yes
9. Age (if known) on first Attack,	33
10. Duration of existing Attack,	5 years & 6 mos
11. Supposed Cause,	Mother's Death & Overwork
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 her Family known to be, or to have been Insane,	Mrs Catherine Wilkie St Helens Merchiston Edinburgh sister of patient's Mother — patient's Father

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Catherine Wilkie

DATED this 29th day of June One thousand eight hundred and eighty eight

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 hereby certify that I have this day at (2) the Royal Edin. Asylum personally examined Harriett Henderson at present a Patient in said Asylum, and with respect to his Mental State that she is irritable, shouting, scolding on insufficient provocation. She is hypochondriacal, imaginary. She suffers from ailments that are imaginary. She is unfit to manage herself or her affairs. She is in the interval between two depressed cycles. She is in the interval between two depressed cycles. Solid circulaire from which she suffers. ; 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. S. Clouston M.D.

Dated this 23rd day of June One thousand eight hundred and 88.

SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sheriff.*)

The foregoing Application having been made to the Board to authorize the transfer of Harriett Henderson from Royal Edinburgh Asylum to Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within fourteen days from the date hereof, of the said patient as requested.

John Sibbald Commissioner.

Dated at Edinburgh, this 27th day of June, One thousand eight hundred and eighty-eight.

Date of Sheriff's Order.

13th November, 1882.

No. 5716.
Miss Harriett Henderson
Admitted 30 June 1888

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) the Shire of Lanark

and his Substitutes.

(3) Insert Name and Designation.

The Petition of (3) William George Downie Assistant Inspector of Poor Govan Combination

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Robert Peacock 158 Paisley Rd West Govan your Petitioner's (4) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Peacock 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. G. Downie

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this Thirtieth (5) day of June One thousand eight hundred and eighty Eight 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 Peacock
2. Sex and age,	Male 59 years
3. Married, Single, or Widowed,	Married
4. Condition of Life and previous Occupation (if any),	formerly Baker.
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	158 Paisley Road West
7. Place where found and examined,	158 Paisley Road West.
8. Length of time Insane,	about a month
9. Whether First Attack,	Yes as 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 a month
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,	Govan Combination meantime
18. Date of becoming Chargeable,	30 June 1888
19. Christian Name and Surname, and Place of Abode of nearest known 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 Jessie Hasties or Peacock 158 Paisley Road West Govan
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 Thirtieth day of June One thousand eight hundred and eighty eight Years.

(To be signed by the Party applying). W. G. Downie

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? - -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane? - - - -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

.....

Dated this day of One thousand eight hundred and

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, James Barras
being a (1) Doctor of Medicine of Saint Andrew's University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day at (3) 158 Paisley Road, West, Govan in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Robert Peacock, pauper, 158 Paisley Road, West, Govan, and that the said Robert Peacock is a (5) person of unsound mind 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.*
Lying in a stupor being under the influence of Medicine administered to keep him quiet. Seems to be suffering from brain disease and keeps working his arms about

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) *(7) State the Information, and from whom derived.*
His Wife states she is unable to manage him and that he has threatened to do for her and that he is at times very violent

Name and Medical Designation, James Barras M. D

Place of Abode, Govan

DATED this 29th day of June One thousand eight hundred and 88 eighty eight years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Robert Davie Taylor
being a (1) M. D. 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) 158 Paisley Road, West, Govan in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Robert Peacock, pauper 158 Paisley Road, West, Govan and that the said Robert Peacock is a (5) person of unsound mind 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.*
Half unconscious from the effect of a sleeping draught. am unable to make out what he says. Struggles & fights with his Wife when she tries to raise him in bed

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) *(7) State the Information, and from whom derived.*
His Wife states that he is violent, destructive and dangerous & that she is unable to manage him at home any longer.

Name and Medical Designation, Robert Davie Taylor M. D.

Place of Abode, 7 Cecil Place, Paisley Rd Govan.

DATED this 29th day of June One thousand eight hundred and eighty eight 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, Alexander Erskine Murray Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) William George Downie Assistant Inspector of Poor Govan Combination Certificates under the hands of James Barras and Robert Davie Taylor, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Peacock, 158 Paisley Road West Govan (pauper) and that the said Robert Peacock is a (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 Peacock 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 Peacock 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 Thirtieth day of June One thousand eight hundred and eighty eight

A Erskine Murray

Ok

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 5247

Name, Robert Peacock
Govan Combination)

Date of Admission, 30 June 1888

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) the Shire of Lanark

and his Substitutes.

(3) Insert Name and Designation.

The Petition of (3) William George Downie Assistant Inspector of Poor Govan Combination

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Jane Wood or Mc. Farlane, 106 Crossloan Road Govan

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) 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 Jane Wood or Mc. Farlane to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

W. E. Downie

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this Thirtieth (5) day of June One thousand eight hundred and Eighty Eight 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 Wood or Mc. Farlane
2. Sex and age,	Female 31 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,	106 Crossloan Road Govan
7. Place where found and examined,	106 Crossloan Road Govan
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,	A few days
13. Supposed Cause,	Religion ?
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Govan Combination meantime
18. Date of becoming Chargeable,	30th June 1888
19. Christian Name and Surname, and Place of Abode of nearest known 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 Daniel Mc. Farlane 106 Crossloan Road Govan
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 June One thousand eight hundred and Eighty Eight years

(To be signed by the Party applying). W. E. Downie

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Coburg Street Glasgow
2. Character of Education,	Fair
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady & 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 father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	Parents living
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.?	Attending missionary [illegible] meetings
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 sleep & loss of appetite.
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Gradually worse
13. What changes have taken place in his bodily symptoms?	None
14. Is he dirty, destructive, untidy, or obscene?	~~Dirty~~ Uses obscene langu
15. Has he threatened or attempted violence to himself? If so, in what way?	None
16. Has he threatened or attempted violence to others? If so, in what way?	Threats & bad languag
17. How long has he been insane?	A few 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, James Barras being a (1) Doctor of Medicine of Saint Andrew's University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day at (3) 106 Crossloan Road Govan in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Jane Wood or McFarlane, Pauper, 106 Crossloan Road Govan and that the said Jane Wood or McFarlane is a (5) person of unsound mind 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) Delusive and very excitable. Uses very filthy and abominable language. Swears and pings and is very incoherent. Is very troublesome and offensive.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her Sister states that she is very unmanageable and violent and that she cannot be allowed to leave her as she is so ungovernable.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, James Barras M. D.

Place of Abode, Govan

DATED this 29th day of June One thousand eight hundred and eighty eight years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Robert Davie Taylor being a (1) M. D. 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) 106 Crossloan Road Govan in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Jane Wood or McFarlane, Pauper, 106 Crossloan Road, Govan and that the said Jane Wood or McFarlane is a (5) person of unsound mind 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 and delusive, uses filthy talk & is unable to answer questions

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her Mother states that she has been in this state for some days & has to be constantly watched.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Robert Davie Taylor M.D.

Place of Abode, 7 Cecil Place, Paisley Road, Govan

DATED this 29th day of June One thousand eight hundred and eighty eight 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, Alexander Erskine Murray Sheriff Substitute (1) of the (2) County of Lanark having had produced to me with a Petition at the instance of William George Downie assistant Inspector of Poor Govan Combination Certificates under the hands of James Barras and Robert David Taylor, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (3) Jane Wood or McFarlane 106 Crookston Road Govan and that the said Jane Wood or McFarlane is a (4) pauper person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Wood or McFarlane as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Wood or McFa which accompanied the said Petition.

(3) Describe the Patient, and if a Pauper, state so.

(4) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this thirtieth day of June One thousand eight hundred and eighty eight

A Erskine Murray

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 5818

Name Jane Wood or McFarlane (Govan Combination)

Date of Admission 30 June 1888

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,— Sophia

(3) Insert Name and Designation.

The Petition of (3) Lucy Morton Spieller residing in Naples

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Francis Antony Morton. Civil Engineer Naples

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) only 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 Francis Antony Morton 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.

L S

DATED this ~~thirty~~ fifth (5) day of July One thousand eight hundred and eighty eight.

Lucy Sophia Morton

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length, — Francis Antony Morton
2. Sex and age, — male 43
3. Married, Single, or Widowed, — Single
4. Condition of Life and previous Occupation (if any), — upper middle class - A Sailor when a boy Civil Engineer - in the U.S. army in Mexican War
5. Religious Persuasion, so far as known, — Literary under
6. Previous place of abode, — Broad Church India - U.S. Mexico Texas England Italy
7. Place where found and examined, — Naples, Italy
8. Length of time ~~Insane~~, — Softening of the Brain - Gradually coming on from 5 years ago
9. Whether First Attack, — Yes except a moment aberration when a boy through sunstroke
10. Age (if known) on First Attack, — from 6 8 to 43
11. When and where previously under Examination and treatment, — Nowhere
12. Duration of Existing Attack, — No one positive attack of insanity but general decay of mental powers - two intervals passed by Lucy
13. Supposed Cause, — Constant insomnia Nervous mental fretting Old age Long & steady strain of passing life
14. Whether subject to Epilepsy, — No Catalepsy for spermatic stricture
15. Whether Suicidal, — always kept deterred from himself by belief that only the Author & Giver of Life has the right to take it & that it was like a deserting sentry
16. Whether Dangerous to others, — No but inclined to be violent in manner, if opposed in the thing he has fixed in his mind
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, —
18. Date of becoming Chargeable, —
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, — Susan Olivia Carruthers. Widow Whole Sister Lucy Sophia Morton Spieller Half Sister
20. Special circumstances (if any) preventing the insertion of any of the above particulars, — Yes she always suffering from severe Headaches like our father
Her mother dying when he was a boy. From no particulars of her family the Butlers of Cashel Kilkenny & Monasterevan Ireland
Family Records of the Peerage & County Families
Yes more may be said in Bucklers

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this fifth day of July One thousand eight hundred and eighty eight

(To be signed by the Party applying).....Lucy Sophia Morton

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - - - - 1 Liverpool.
2. Character of Education, - - - - - 2 Of very high order classics, general & prof
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - - 3 Boncheerful & frank - Mother dying & father cold, inquisitorial, unsympa inclined him to become morbid
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - - 4 most studious & industrious, took intemperance, at length yearly,
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - - 5 When a boy 15 & under his Grandm time to [illegible] advised that he sh he was found endeavouring to a moment of aberration, to which he
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - 6 A great grandfather a clergyman epileptic for 30 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? - - - - 7 Typhus fever, cholera - one brother died at 2 years & a half - Mother died of consumption. Of the daughters one consumption. Of the sons constitutions robust - head ill formed constitutions - argue, keep, & look
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? - - 8 Had a sunstroke in India 15 years ago. Had a sunstroke in Surat 6 years ago. Exposure out door, very much of late to the [illegible] Finding in [illegible] circumstances
9. Was there any immediate cause of the attack that directly brought it on, e.g., mental shock, childbirth, &c.? - - - - 9 After a previous mental derangement of [illegible] insane by hypochondriasis for 6 weeks. This time [illegible] made by [illegible] in the house, & [illegible] for reasons he [illegible] & shortly after [illegible] physical pain
10. What were the first symptoms of mental derangement observed, e.g., alteration of conduct or disposition, elevation, depression, fancies, &c. - - - - - 10 Sounds imperceptible to [illegible] enemies to be overcome or [illegible] or guarded against by [illegible] especially [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.? - - - 11 Hallucinations especially [illegible] pains [illegible] back of the head & in the temples [illegible]
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - - - 12 Occasionally [illegible] reason or perception [illegible] for a time only [illegible] that [illegible] following the [illegible] way the vocal [illegible] seem melody [illegible] cannot read aloud [illegible] intelligible to himself & [illegible] with pleasure, mostly [illegible] even Shakespeare - [illegible] and [illegible] pains [illegible] headed [illegible] to [illegible] & chills & [illegible]
13. What changes have taken place in his bodily symptoms? - - - - - - - - 13
14. Is he dirty, destructive, untidy, or obscene? - 14 Occasional depressions or [illegible] [illegible] - but [illegible] last 3 or 4 times when [illegible] shade [illegible]
15. Has he threatened or attempted violence to himself? If so, in what way? - - - - 15 [illegible] for years past to [illegible] himself [illegible] times actually put the [illegible] [illegible] person himself not once - put the blame [illegible] Occasionally [illegible] [illegible] [illegible]

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal College of Physicians & Surgeons of Edinburgh, and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day at (3) 26 Castle Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Francis Anthony Morton Civil Engineer of Naples, Italy and that the said Francis Anthony Morton is a (5) person of unsound mind 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 and general demeanour are indicative of insanity. He is very incoherent and cannot talk rationally. He has no recollection of time or place —

(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, Hunter Dryden Regd

Place of Abode, 26 Castle Street, Dumfries

DATED this 3rd day of July One thousand eight hundred and eighty eight 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) Medical 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) Francis Anthony Morton. Naples and that the said Francis Anthony Morton is a (5) person of unsound mind 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 quite incoherent cannot answer the simplest questions

(6) *State the Facts.*

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, — Lucy Morton, c/o Mrs. Macdonald, 17 Brook St. Dumfries. No insanity can be traced in the family.

10. 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 day of One thousand eight hundred and

(To be signed by the Party applying) Lucy Morton

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, — 1 Liverpool.
2. Character of Education. — 2 Of very high order—classical, general & pro
3. Is the natural disposition cheerful or melancholy—reserved or frank, — 3 Bon cheerful & frank. Mother dying & father hard, inquisitorial, & unsympa inclined him to become morbid [illegible]
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? — 4 Most studious & industrious, took [illegible] intense mental excitement, occasional [illegible] temperance at temperate years long [illegible]
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? — 5 When a boy 15 or 16 he [illegible] Hum [illegible] he was found entranced in a meadow [illegible] sudden aberration to the [illegible]
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? — 6 A great grandfather a clergyman [illegible] private for 30 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? — 7 Typhus fever, cholera, one sister [illegible] about 2 years & died [illegible] [illegible] [illegible]

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, James Hunter Dryden
being a (1) Licentiate of the Royal College of Physicians & Surgeons of Edinburgh,
and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day at (3) 26 Castle Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Francis Anthony Norton Civil Engineer Naples, Italy and that the said Francis Anthony Norton is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) His expression. and general demeanour are indicative of insanity He is very incoherent and cannot talk rationally He has no recollection of time or place — (6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) (7) *State the Information, and from whom derived.*

Name and Medical Designation, James Hunter Dryden M.R.C.S.

Place of Abode, 26 Castle Street, Dumfries

DATED this 3rd day of July One thousand eight hundred and eighty eight 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) medical 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) Francis Anthony Norton. Naples and that the said Francis Anthony Norton is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) is quite incoherent (6) *State the Facts.*
Cannot answer the simplest questions is sleepless. and very excitable.

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, R B Lorraine M.R.C.M.

Place of Abode, 16 Castle St. Dumfries

DATED this Fourth day of July One thousand eight hundred and eighty eight 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) Lucy Sophia Morton, Spinster, residing in Dumfries Certificates under the hands of James Hunter Drydale 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) Antony Morton Civil Engineer, Naples (Petitioner's Brother) and that the said is a (5) person of unsound mind Francis Antony Morton and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Francis Antony Morton as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize his — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Francis Antony which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Fifth — day of July, — One thousand eight hundred and eighty eight.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Francis Antony Morton

Date of Admission, 3 July 1888

No. 9 of 17.

9543

[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.

SCOTTISH BOARD OF LUNACY RECEIVED JUL 88

I, the undersigned John Charles Grant, F.C. Manse, Loanhead, being desirous to transfer Cecilia Grant ——— at present a Patient in Mavisbank Asylum ——, and (1) detained at my instance 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 Cecilia Grant ——— 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 Charles Grant

(2) Brother.

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Loanhead this 29th day of June One thousand eight hundred and eighty-eight. ———

STATEMENT.

1. Christian Name and Surname of Patient at length,	Cecilia Grant
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. Date of Admission into Asylum,	23rd December. 1887.
7. Length of time Insane,	10 months.
8. Whether first Attack,	Yes.
9. Age (if known) on first Attack,	34
10. Duration of existing Attack,	10 months.
11. Supposed Cause,	Unknown.
12. Whether subject to Epilepsy,	No.
13. Whether Suicidal,	No.
14. Whether Dangerous to others,	Yes, at times.
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	———
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	John Charles Grant. F.C. Manse Loanhead. Brother. None.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) John Charles Grant

DATED this 29th day of June ——— One thousand eight hundred and eighty-eight. ———

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 John Keay,

(1) State Medical Qualification.
(2) Name Asylum.

being (1) a Bachelor of Medicine of Glasgow University, hereby certify that I have this day at (2) Mavisbank House, Polton personally examined Cecilia Grant _____ at present a Patient in said Asylum, and with respect to her Mental State that she is a Lunatic, suffering from melancholia with excitement, having hallucination of hearing & delusions of persecution,

; 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 Crichton Royal Institution, Dumfries. —

John Keay.

Dated this 29th day of June — One thousand eight hundred and eighty-eight. —

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 Charles Grant to authorize the transfer of Cecilia Grant from Mavisbank 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 Cecilia Grant as requested.

(2) Valid for fourteen days from date.

Allen Archibald Commissioner.

Dated at Edinburgh, this 2nd day of July One thousand eight hundred and eighty-eight

No. 5950.
Miss Cecilia Grant
Admitted 3 July 1888

Date of Sheriff's Order:-
24th December, 1887.

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 P. Cairnes, Governor of the Bank of Ireland, Stamer Street, Dropheda, Ireland, Certificates under the hands of James Hunter Dryden, — 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) Mary Anna Cairnes, Stamer Street, Dropheda, Ireland (Peter's Daughter) and that the said Mary Anna Cairnes is a (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 Anna Cairnes — 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 Anna Cairnes 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 July, — One thousand eight hundred and eighty eight years.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 5251.

Name, Mary Anna Cairnes

Date of Admission, 3 July 1888

Nothing but the signature necessary

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) Thomas P. Cairnes, Governor of the Bank of

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Mary Anna Cairnes

(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 Anna Cairnes to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Sign here X Thomas P. Cairnes

(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 July One thousand eight hundred and Eighty Eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Anna Cairnes.
2. Sex and age,	24.
3. Married, Single, or Widowed,	Single.
4. Condition of Life and previous Occupation (if any),	Daughter at home.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous place of abode,	Stameen, Drogheda, Ireland.
7. Place where found and examined,	Dumfries.
8. Length of time Insane,	She has been peculiar for about eight years
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	about 15.
11. When and where previously under Examination and treatment,	———
12. Duration of Existing Attack,	about 8 years
13. Supposed Cause,	not known, probably bodily weakness, & overt
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 P. Cairnes. Father. Stameen, Drogheda, Ireland. A brother had an attack of religious melancholia
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 July One thousand eight hundred and Eighty Eight

(To be signed by the Party applying) Thomas P. Cairnes

Sign here

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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* Wytown *and his Substitutes,—*

The Petition of John Wither

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jessie W. Millan a person ~~one~~ of whom your Petitioner's (3) ~~pauper~~ has 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 Jessie W. Millan to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Jno. Wither

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 2nd (4) day of July One thousand eight hundred and eighty eight

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jessie W. Millan
2. Sex and Age,	Female 54 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Bowling Green Road, Stranraer
7. Place where Found and Examined,	Bowling Green Road,
8. Length of time Insane,	not known
9. Whether First Attack,	—
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	—
12. Duration of Existing Attack,	uncertain
13. Supposed Cause,	loss of money
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,	Jane W. Millan at present residing at Barbure, New Luce
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 2nd day of July One thousand eight hundred and eighty eight

To be signed by the Party applying) Jno. Wither

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Thomas Easton being a (1) Doctor of Medicine

and being in actual practice as a (2) Physician

do hereby certify, on soul and conscience, that I have this day, at (3) Lochryan Road Stranraer Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Jessie McMillan and that

the said Jessie McMillan is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

1) She spoke incoherently - raving about [redacted] she had lost.
2) She said she was tired of life & meant to drown herself.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Mr Orr of Craigvied Stranraer tells me she has been continually brooding over her lost [redacted] and saying she is tired of life.

Name and Medical Designation, Thomas Easton M[redacted]

Place of Abode, Stranraer

DATED this second day of July One thousand eight hundred and eighty eight

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Alexander William Dalgarno being a (1) graduate in medicine Surgery of Aberdeen University and being in actual practice as a (2) physician Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Lochryan Road Stranraer Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Jessie McMillan and that

the said Jessie McMillan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Insane manner in her manner & talks incoherently. Threatened personal injury to her neighbours & to take her own life.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Mr. McDowall tells me he is her next neighbour that she attacked previously & this yesterday in her own house. He also has reported that she threatened to take her own life.

Name and Medical Designation, Alex. Dalgarno M[redacted]

Place of Abode Stranraer

DATED this 2nd day of July One thousand eight hundred and Eighty eight

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Crabb Laing — (1) Sheriff Substitute
of the (2) County of Roxburgh of
having had produced to me, with a Petition at the instance of (3) John Wilson
Inspector of Poor of the Parish of Jedburgh
Certificates under the hands of Thomas Easton Doctor of Medicine Edinburgh
and William Dalgarno 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)
Jessie McMillan residing in Bonchrystan Road Edinburgh and that the said
Jessie McMillan is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jessie McMillan 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 McMillan which accompanied the said Petition.

DATED this Second day of July One thousand eight hundred and eighty eight years

Thos. C. Laing

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. 5252.

Jessie Mc Millan

Admitted 11 July 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1), Sheriff — ~~of the (2) Shire~~ of Dumfries ~~Gallowa~~ *and his Substitutes,*—

The Petition of Archibald Dempster, Inspector of Poor, City Parish, Glasgow, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Irons or Hunter, Pauper, from ~~your Petitioner's~~ (3) St. Rollox Police Office, Glasgow, - presently chargeable to said 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 Jane Irons or Hunter, Pauper, to the Crichton Royal Asylum, Dumfries, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) A. Dempster

(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 July — One thousand eight hundred and 88.

STATEMENT.

If any 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 Irons or Hunter,
2. Sex and Age,	Female. 50 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,	From St. Rollox Police Office Glasgow.
7. Place where Found and Examined,	318 Parliamentary Road, Glasgow.
8. Length of time Insane,	A few days.
9. Whether First Attack,	Yes so far as known.
10. Age (if known) on First Attack,	50 years so far as known.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Not previously, so far as known.
12. Duration of Existing Attack,	A few days.
13. Supposed Cause,	Religion.
14. Whether subject to Epilepsy,	No, - so far as known.
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish Glasgow.
18. Date of becoming Chargeable,	4th July 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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, - John Hunter presently in the Convalescent Home, Dunoon.
20. Special circumstances (if any) preventing the 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 July — One thousand eight hundred and 88.

(*To be signed by the Party applying*) A. Dempster

P. p.

Inspector of Poor, City Parish, 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.D. being a (1) Graduate in Medicine of Glasgow Univ and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 318 Parliament Road. Glasgow, in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Jane Irons or Hunter Pauper late of St Rollox Police Office and that the said Jane Irons or Hunter, 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 incoherently and cant answer questions, is quite in a maniacal state, and is dangerous to herself and quite incapable of taking Care of herself.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) was got by two Policemen last night acting in a most Insane manner. & see Lieut. McDonald's letter.

Name and Medical Designation, Geo Buchan M.D.

Place of Abode, House, Lowis Hospital

DATED this 4th day of July One thousand eight hundred and 88

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Meehan being a (1) Graduate in Medicine of the Glasgow Univ and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 318 Parliament Road Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Jane Irons or Hunter Pauper late of St Rollox Police Office and that the said Jane Irons or Hunter 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 is in an excitable condition talks incoherently. She is a voice hearer. Attempted to attack the attendant while I was examining her. Is incapable of taking care of herself.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Joseph Meehan M.B.C.M.

Place of Abode 318 Parliamentary Road. Glasgow

DATED this 4th day of July One thousand eight hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Geo Buchan M.D. ——— being (1) a Graduate in Medicine of Glasg. University hereby certify, on soul and conscience, that I have this day, at (2) 318 Parliamentary Rd Glasgow in the County of Lanark ——, seen and personally examined Jane Irons or Hunter, 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.

Geo Buchan M.D.

DATED this 4th day of July, —— One thousand eight hundred and 88

(1) 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) Archibald Dempster. Inspector of Poor. City Parish. Glasgow Certificates under the hands of Geo Buchan ——— and Joseph Meehan ———, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Irons or Hunter, 318 Parliamentary Road Glasgow (G. Hunter) and that the said Jane Irons or Hunter is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Irons or Hunter 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 Irons or Hunter, which accompanied the said Petition.

DATED this Fifth — day of July — One thousand eight hundred and eighty eight 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. 5253.

Jane Irons or Hunter

City Parish. Glasgow

Admitted 11 July 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) *of* Dumfries and Galloway *and his Substitutes,—*

The Petition of George Drysdale, Inspector of Poor, Parish of Whithorn humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Gibson your Petitioner's (3) pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Gibson 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.

(To be signed by the Party applying) George Drysdale Inspr of Poor

DATED this Sixth (4) day of July One thousand eight hundred and eighty eight

(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 Gibson
2. Sex and Age,	Male. 45 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Carter
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	
7. Place where Found and Examined,	Wigtownshire Poor House Stranraer
8. Length of time Insane,	11 years
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	34 years
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Southern Counties Asylum, Dumfries and Lunatic wards Wigtownshire Poor House, Stranraer
12. Duration of Existing Attack,	11 years
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Whithorn
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Sixth day of July One thousand eight hundred and eighty eight. *To be signed by the Party applying)* George Drysdale Inspector of Poor of the Parish of Whithorn P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Easton being a (1) Doctor of Medicine and being in actual practice as a (2) Physician do 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 Gibson 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)

He is at present in lunatic wards of Poorhouse & turning worse - being more excited & occasionally violent

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Robt Troup the attendant says he aggravates the other inmates & requires more watching than he can give. He has struck several inmates - He is under delusion that people are throwing things at him

Name and Medical Designation, Thomas Easton M.B.

Place of Abode, Stranraer

DATED this fifth day of July One thousand eight hundred and Eighty Eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, George Scott being a (1) M.B., C.M. 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) Poorhouse Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) John Gibson 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) He has at present & has been for 4 years in the lunatic ward of Stranraer Poorhouse & is most excitable in demeanour, demanding a reason for the questions put to him & asking what I have to ask him even a most civil question;

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Robert Troup the attendant says John Gibson is most excitable & at meal & other times strikes the other inmates with his hand. At night he accuses other inmates of insulting him, and them, & keeps them from sleeping.

Name and Medical Designation, George Scott M.B.

Place of Abode 86 George St, Stranraer

DATED this Fifth day of July One thousand eight hundred and Eighty Eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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) George Drysdale
Inspector of Poor Parish of Whithorn
Certificates under the hands of Thomas Deston Doctor of Medicine
and George Scott, 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 Gibson, a pauper and that the said
John Gibson is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Gibson as a Patient into the (6) Public Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Gibson which accompanied the said Petition.

DATED this Sixth day of July One thousand eight hundred and eighty eight years — one word deleted hereon before signing

W. McGibbon

To the Superintendent of the (7)
~~Asylum at~~ 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. 5254.
John Gibson,
Whitburn
Admitted 7 July 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff —— ~~of the (2) Shire~~ of Dumfries Galloway and his Substitutes,—

The Petition of Robert Charles Fraser, Assistant Inspector of Poor of the Parish of New Monkland, Airdrie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Reynolds or Kerr, ——

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Banker, ——

is at present in a state of Mental Derangement, and 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 Reynolds or Kerr, —— to the Southern Counties Asylum, and to sanction her admission into the said Asylum.

(To be signed by the Party applying) R. C. Fraser. Asst Insp.r

(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 July, —— One thousand eight hundred and eighty eight. -

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Sarah Reynolds or Kerr.
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,	57 Hallcraig Street Airdrie.
7. Place where Found and Examined,	Airdrie.
8. Length of time Insane,	One month 15 months since first attack.
9. Whether First Attack,	No
10. Age (if known) on First Attack,	over 31 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Yes. In ~~the~~ Glasgow District Asylum Bothwell in January last
12. Duration of Existing Attack,	One month
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,	New Monkland Parish.
18. Date of becoming Chargeable,	7th July 1888.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Kerr husband, 57 Hallcraig Street Airdrie. 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 seventh day of July, —— One thousand eight hundred and eighty eight.

(To be signed by the Party applying) R. C. Fraser. Asst Insp.r of Poor New Monkland. P. F.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Montgomerie Alston, being a (1) doctor of medicine of the University of Glasgow and being in actual practice as a (2) general practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 57 Hallcraig Street, Aindrie, in the County of Lanark, separately from any other Medical Practitioner, visited and personally examined (4) Sarah Reynolds Kerr, a pauper and that the said Sarah Reynolds 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) Found her kneel before a chair and she would not spe nor move when asked. After her husb lifted her and placed her on a cha she sat still without moving & stared sh before her. She continued to be tacitu

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband informed me that she has peculiar ever since she came from the a month ago walked up and down the house without any was occasionally outrageous at other times would

Name and Medical Designation, James Montgomerie Alston M.D.

Place of Abode, Aindrie

DATED this Sixth day of July One thousand eight hundred and eighty eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 P. Gemmell, being a (1) Bachelor of Medicine & master of Surgery of Ge 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) 57 Hallcraig St Aindrie, in the County of Lanark, separately from any other Medical Practitioner, visited and personally examined (4) Sarah Reynold Kerr, a pauper, and that the said Sarah Reynold 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) She is depressed in spirit untidy in her person, neglects all her household duties and delusions. e.g. she imagines some evil influence pervades the house and she told me she was determined she would give no food to her children today.

(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 frequently sits for hours half after neglecting her household duties & her children. She also has de & imagines the devil is near the house

Name and Medical Designation, Thomas Pedan Gemmell

Place of Abode Aindrie

DATED this 6th day of July One thousand eight hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Pedon Gemmell, being (1) Bachelor of Medicine, hereby certify, on soul and conscience, that I have this day, at (2) 57 Hallcraig Street Airdrie in the County of Lanark, seen and personally examined Sarah Reynolds 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.

Thomas Pedon Gemmell M.B. M.C.

DATED this Sixth day of July, One thousand eight hundred and eightyeight.

(1) 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) Robert Charles Fraser, Inspector of Poor New Monkland Certificates under the hands of Argyle Montgomerie Alston and Thomas Pedan Gemmell, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Sarah Reynolds or Kerr, 57 Hallcraig Street, Airdrie, (a pauper) and that the said Sarah Reynolds or Kerr 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 Sarah Reynolds or Kerr as a Patient into the (8) 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 Sarah Reynolds or Kerr, which accompanied the said Petition.

DATED this Ninth day of July One thousand eight hundred and eighty eight years.

David Boyle Hope

To the Superintendent of the (9) Asylum of Public 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. 5255.

Sarah Reynolds or Kerr

New Monkland.

Admitted 7 July 1888

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) the County of Lanark
and his Substitutes,—

(3) Insert Name and Designation. Combination

The Petition of (3) Andrew Wallace Inspector of Poor Govan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Jessie Shields or Beckett 144 Caledonia Road Glasgow 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 Jessie Shields or Beckett 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.

And. Wallace

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this Ninth (5) day of July One thousand eight hundred and eighty eight 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,	Jessie Shields or Beckett
2. Sex and age,	39 female.
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,	144 Caledonia Road Glasgow
7. Place where found and examined,	do do do
8. Length of time Insane,	four days
9. Whether First Attack,	No
10. Age (if known) on First Attack,	36.
11. When and where previously under Examination and treatment,	Govan Asylum. August 1885.
12. Duration of Existing Attack,	4 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,	Govan Combination
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Alex. Beckett joiner with whom she resides. Some further relations only.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Ninth day of July One thousand eight hundred and eighty eight years.

(To be signed by the Party applying). And. Wallace

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Irvine Ayrshire
2. Character of Education,	fair. working class
3. Is the natural disposition cheerful or melancholy—reserved or frank,	quiet & thoughtful
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	sober
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	was in Govan Asylum for 2 months in 1885.
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	a half-sister father's side & families of 2 half-brothers are aff
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?	Unknown
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Not certain
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	System low after childbirth
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Tuesday last
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	Yes sleeplessness
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?	Cleanly & quiet
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 Tuesday 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, John Davis M.B. C.M.
being (1) Asst Phys Govan Asylum
hereby certify, on soul and conscience, that I have this day, at (2) 144 Caledonia Rd
in the County of Lanark, seen and personally examined Mary
Jane Shields or Pickett, and that the said
person is of unsound mind, and 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 Davis M.B.

DATED this Sixth day of July One thousand eight hundred and Eighty eight years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE—No. I.

I, the undersigned, John V. Wallace
being a (1) 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) 144 Caledonia Road Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Jessie Shields or Beckett 144 Caledonia Road Glasgow - a pauper and that the said Jessie Shields or Beckett is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) She is very nervous and excited, cannot sleep at night: has delusions fancies that the neighbours are conspiring against her. and that people are trying to get into the house at night: She is very irritable in her manner, and will not speak.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Her husband says she has been in this condition since Monday. that he cannot leave her with the children. but has to stay at home himself. that she is destructive and harsh to the children and will have them all crying &c. She has been twice in the Asylum before

Name and Medical Designation, John V. Wallace L.R.C.S.E.

Place of Abode, 47 Calder Street Govanhill

DATED this Sixth day of July One thousand eight hundred and Eighty-eight years.

MEDICAL CERTIFICATE—No. II.

I, the undersigned, John Davis
being a (1) MB 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) 144 Caledonia Road Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Jessie Shields or Beckett 144 Caledonia Road Glasgow, a Pauper and that the said Jessie Shields or Beckett is a (5) Person of unsound mind 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 & Excited discontented & unsettled, has delusions, fancies People are trying to enter the house during night, & cannot sleep in Consequence.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Her Husband says She has been very unsettled in her mind for some days, is very sleepless & Queer about her temper. — Has been twice in an Asylum,

Name and Medical Designation, John Davis MB

Place of Abode, 3 Royal Crescent Govanhill

DATED this Sixth day of July One thousand eight hundred and Eighty Eight 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, William Ludovic Hall (*) Sheriff Substitute of the (†) County of Lanark having had produced to me with a Petition at the instance of Andrew Wallace Inspector of Poor Govan Combination Certificates under the hands of John Barrie and John R. 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 (‡) Jessie Shields or Beckett, 1411 Caledonia Road, Glasgow and that the said Jessie Shields or Beckett is a (§) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jessie Shields or Beckett 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 Shields or Beckett which accompanied the said Petition.

(‡) Describe the Patient, and if a Pauper, state so.

(§) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Ninth day of July One thousand eight hundred and eighty eight.

William Ludovic Hall

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 2

Name Jessie Shields or Beckett

Date of Admission 9 July 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Lanark *and his Substitutes,—*

The Petition of Andrew Wallace Inspector of Poor Govan Combination Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Martin 7 Carlton Place Glasgow 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 William Martin 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.

(To be signed by the Party applying) And. Wallace

(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 July One thousand eight hundred and eight eight 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 Martin
2. Sex and Age,	Male. 62 years
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	Carter
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	134 Thistle Street Glasgow
7. Place where Found and Examined,	7 Carlton Place Glasgow
8. Length of time Insane,	A few days
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	62 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
12. Duration of Existing Attack,	A few days
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	Unknown
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Govan Combination
18. Date of becoming Chargeable,	9th July 1888
19. Christian Name and Surname, and Place of Abode of nearest known 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 Martin wife of William Hodge 134 Thistle Street Glasgow 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 Ninth day of July One thousand eight hundred and eighty eight Years.

To be signed by the Party applying) And. 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, John Dunn.
being a (1) RN Phys. for Lunatic Asylum.

and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 7 Carlton Pl
Major Lanark in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Wm Martin 7 Carlton Pl
of 134 Hustle St, Major — a Pauper and that
the said Wm Martin is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Is Suicidal, d
to having tried to commit Suicide by jum
over Stockwell bridge, Is outrageous

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Was taken to Police Office yesterday for
disorderly Conduct & Police Surgeon by th
Police Surgeon.

Name and Medical Designation, John Dunn R
Place of Abode, 2 Royal Ex Lanark

Dated this Ninth day of July One thousand eight
hundred and Eighty Eight 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 V. Wallace
being a (1) L.R.C.S.E.

and being in actual practice as a (2) General Practitioner.
do hereby certify, on soul and conscience, that I have this day, at (3) 7 Carlton
Place. Glasgow in the County of
Lanark separately from any other Medical Practitioner,
visited and personally examined (4) William Martin, 7 Carlton Pl
of 134 Hustle Street. Glasgow — a pauper and that
the said William Martin is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is lying bound
hand and foot on account of him being very
outrageous, and attempting to commit suicide.
He admits that he attempted to destroy himself

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Was handed over from the Police as being outrageo
and insane, and attempting to drown himself

Name and Medical Designation, John V. Wallace L.R.
Place of Abode 47 Cullen Street Glas
Dated this Ninth day of July One thousand eight
hundred and Eighty-eight 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 V. Wallace
being (1) L.R.C.S.E.
hereby certify, on soul and conscience, that I have this day, at (2) 7 Carlton Place, Glasgow
in the County of Lanark, seen and personally examined
William Martin, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John V. Wallace. L.R.C.S.E.

DATED this Ninth day of July One thousand eight hundred and Eighty-eight 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 McKie Lees Advocate (1) Sheriff Substitute
of the (2) County of Lanark
having had produced to me, with a Petition at the instance of (3) Andrew Wallace Inspector of Poor Govan Combination
Certificates under the hands of John Barrie
and John V. 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) William Martin, 7 Carlton Place, Glasgow, pauper and that the said William Martin is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Martin as a Patient into the (6) Crichton Royal 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 William Martin which accompanied the said Petition.

DATED this Tenth day of July One thousand eight hundred and eighty eight

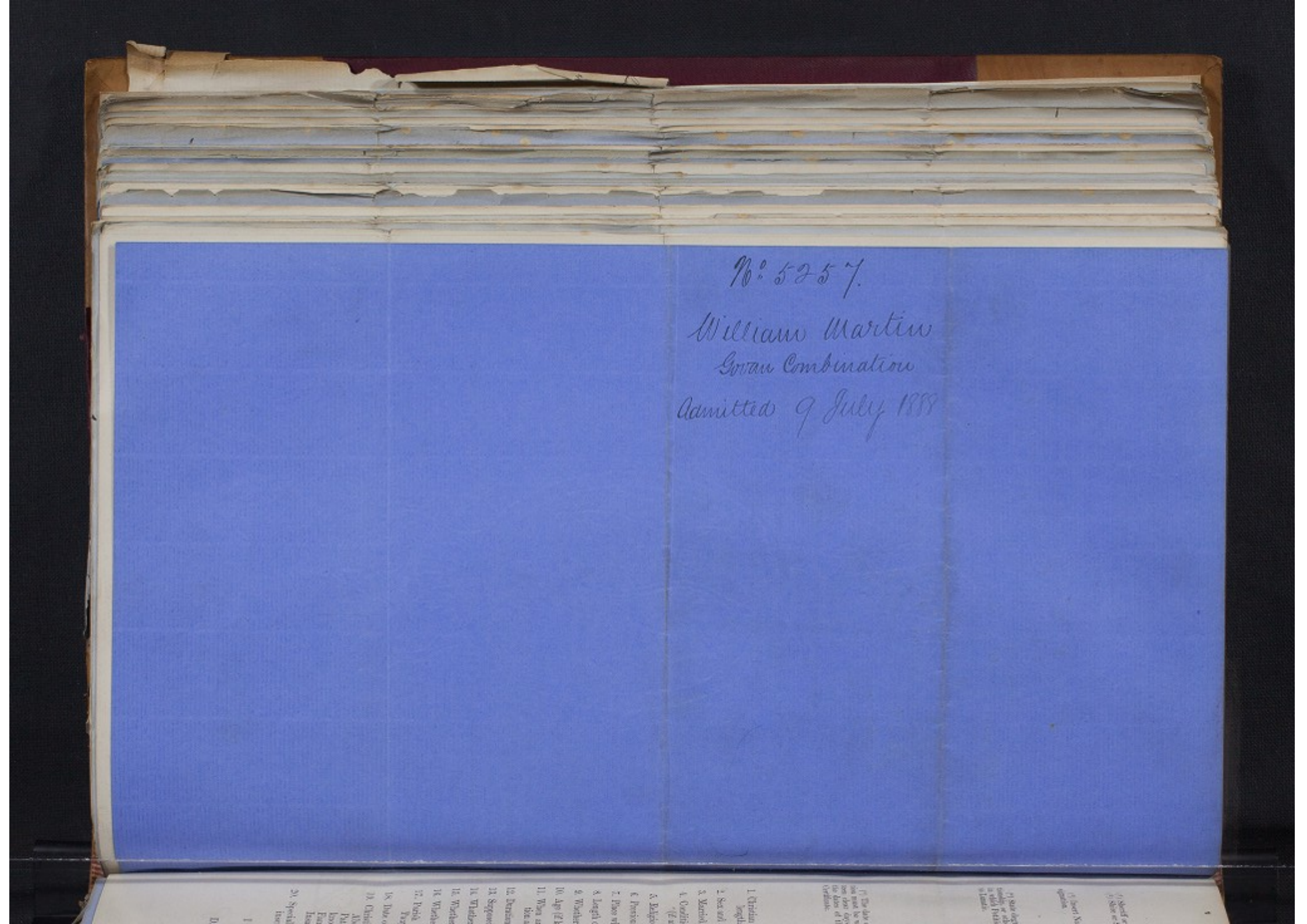
J. McLees

Newcastle

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.


№ 5257.
William Martin
Goran Combination
Admitted 9 July 1888

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 M'Culloch residing at Newmilns in the County of Ayr

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Catherine Ross M'Culloch

(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 Catherine Ross M'Culloch to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Alex^r M'Culloch

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this eleventh (5) day of July, One thousand eight hundred and Eighty Eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Catherine Ross M'Culloch.
2. Sex and age,	Female - 22 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life and previous Occupation (if any),	general house work.
5. Religious Persuasion, so far as known,	Presbyterian.
6. Previous place of abode,	no change.
7. Place where found and examined,	at home in Newmilns
8. Length of time Insane,	eight 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,	eight months.
13. Supposed Cause,	over study.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	not in any degree.
16. Whether Dangerous to others,	no.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcudbright. 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,	Alexander M'Culloch Newmilns. Ayrshire. (Father.) not insane not any.
20. Special circumstances (if any) preventing the 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 July, One thousand eight hundred and eighty eight.

(To be signed by the Party applying). Alexander M'Culloch.

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Newmilns.
2. Character of Education,	Elementary.
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 & 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?	Mother died of Consumption
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	no
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	Over study only Cause Kn[illegible]
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 & costiv[illegible]
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	fear of injury;
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?	note in any way
16. Has he threatened or attempted violence to others? If so, in what way?	no
17. How long has he been insane?	Eight Months

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, William McAlister being (1) a Graduate in Medicine of the University of [illegible] hereby certify, on soul and conscience, that I have this day, at (2) Stuart Villas, Kilm[illegible] in the County of Ayr, seen and personally examined Catherine Ross McCulloch, and that the said person is of unsound mind, and 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 McAlister M.B.

DATED this tenth day of July One thousand eight hundred and eighty eight years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Alexander Bryce, being a (1) Bachelor 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) 47 Main Street, Newmilns, in the County of Ayr, separately from any other Medical Practitioner, visited and personally examined (4) Catherine Ross, McCulloch, 47 Main St. Newmilns and that the said Catherine Ross 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) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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 complains of a certain fear of being alone, explaining that when she is alone she is attacked by wild animals which bite her on the face, arms and legs. She has been rendered breathless by a wild animal encircling her chest. She laughs to herself every now & then without any assignable reason.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her father states that she is afraid that some one is about to injure her or him or both & she goes about picking up any objects which might be converted into weapons to do them any injury as e.g. stones, & sharp steel objects.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Alexander Bryce M.B., A.M.

Place of Abode, Newmilns

DATED this ninth day of July, One thousand eight hundred and eighty eight.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, William McAlister, being a (1) Graduate in 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) Strman Villas, Kilmarnock, in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) Catherine Ross McCulloch and that the said Catherine Ross 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) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) She states that she is "possessed" by some one who by suggestions causes her to do many things, and that that someone has complete power over her even to the extent of forcing her to obey "him". She appears to be preoccupied, is unnaturally cheerful and too communicative about her feelings and ideas.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her father states that she is restless and unsettled in her demeanour and has been hiding and recovering common and useless articles in the house under the influence of her "suggestions".

(7) *State the Information, and from whom derived.*

Name and Medical Designation, William McAlister M.B.

Place of Abode, Strman Villas, Kilmarnock

DATED this 10th day of July One thousand eight hundred and eighty eight 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 [illegible] Sheriff Substitu
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Alexander
Culloch, Newmilns, Ayr
Certificates under the hands of Alexander Bryce, M.B. C.M.
and William Mc alister, M.B. , being two Medical Person
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
Catherine Ross McCulloch, Newmilns, Ayr, Petitioner
and that the said
Catherine Ross McCulloch, is a (4) person of unsou
mind,

(4) Describe the Patient, and if a Pauper, state so.

(4) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you
receive the said Catherine Ross McCulloch, 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 Catherine Ross Mc
which accompanied the said Petition.

DATED this Eleventh day of July — One thousand eig
hundred and eighty eight years.

To the Medical Superintendent of the
Crichton Royal Institution, Dumfries.

Name, Catherine Ross McCulloch
Date of Admission, 19 July 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) 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 Jane Davidson, or Buchanan

(3) State degree of Relationship or other Society 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 Davidson, or Buchanan to the Southern, County Asylum and to sanction her admission into the said Asylum.

Adam Semple Inspector of Poor

(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 July One thousand eight hundred and Eighty-eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1 Christian Name and Surname of Patient at length,	Jane Davidson, or Buchanan
2 Sex and Age,	Female 56
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,	Moniaive
7 Place where Found and Examined,	Moniaive
8 Length of time Insane,	About Four weeks
9 Whether First Attack,	First Attack
10 Age (if known) on First Attack,	56
11 When and where previously under Examination and Treatment,	—
12 Duration of Existing Attack,	Four weeks
13 Supposed Cause,	Melancholy
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,	Glencairn
18 Date of becoming Chargeable,	9th July.
19 Christian Name and Surname, and Place of Abode of nearest known 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 Davidson, or Carruthers, Sister Had an Uncle one time in the 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 11th day of July One thousand eight hundred and Eighty-Eight

(To be signed by Party applying) Adam Semple, Inspector of Poor

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John M. Balfour, 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) Chapel St Moniaive in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Buchanan, Chapel Street Moniaive and that the said Mrs Buchanan is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Patient stated one mor that people had come in during the night & changed the chaff in the not being the case. Patient stated to me that she only passed water e portnight or three weeks. Patient told me that certain of the in her jaws were not her own. General incoherent & rambl conversation

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Patients sister Mrs Carruthers states that one night Mrs Bu rushed out of the house in her night dress, thinking that s (Mrs Carruthers) was going to murder her. The same person that several times Mrs Buchanan has refused to take medic it was intended to poison her

Name and Medical Designation, John M Balfour

Place of Abode, Moniaive

DATED this 9th day of July One thousand eight hundred and eighty eight

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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 & Master in Surgery of the University of Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Chapel Street Moniaive in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Buchanan Chapel Street Moniaive and that the said Mrs Jane Buchanan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She imagines People annoy her at night in the Street — She sees imaginary objects & persons in her ro Her sentences & ideas are incoherent & confus She imagines she has not passed water for a & her bowels are quite as obstinate

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Carruthers patients sister informs she passed out into the Street in her night dres offered violence to Mrs Carruthers when adv to return into her house & on getting aid, p called them murderers Mrs Carruthers. She th also that her medicine is tampered with poison.

Name and Medical Designation, John Mair Robertson M Bean & R C S E

Place of Abode Penpont

DATED this 10th day of July One thousand eight hundred and Eighty Eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Smith Hon'y (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 Glencairn Certificates under the hands of John M. Balfour, and John Mair 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) Jane Davidson or Buchanan, Chapel Street, Moniaive, (a pauper) and that the said Jane Davidson or 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 Jane Davidson or Buchanan 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 Davidson or Buchanan, which accompanied the said Petition.

DATED this Eleventh day of July, One thousand eight hundred and eighty eight years.

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.

No. 5959.

Jane Davidson or
Buchanan

Glencairn

admitted 11 July 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the~~ (2) Dumfries ~~of~~ and Galloway *and his Substitutes,—*

The Petition of Alexander McGill, farmer, residing at Kildarroch parish of Kirkinner humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James McGill, Joiner, residing at Kildarroch, Kirkinner 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 McGill to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) Alex^r McGill

DATED this twelfth (4) day of July One thousand eight hundred and Eighty-eight

(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 McGill
2. Sex and Age,	Male, aged 63 years
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	Joiner
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kildarroch, parish of Kirkinner, last 3 weeks prior at Mobille America for about 25 years or so
7. Place where Found and Examined,	At Police Office Wigtown
8. Length of time Insane,	Two days or so
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	63
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	not previously examined or treated
12. Duration of Existing Attack,	Has shown symptoms of insanity for a week or so
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not a pauper
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known 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 McGill~~) Alexander McGill, farmer Kildarroch, parish of Kirkinner, 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 twelfth day of July One thousand eight hundred and Eighty-Eight years.

(*To be signed by the Party applying*) Alex^r McGill

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Charles McBride being a (1) Doctor of Medicine of the University Glasgow and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Wigtown Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) James McGill, and that the said James McGill is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) very violent and threatening in his manner, praying, kissing & cursing alternately. to smash his watch to pieces - damned every o

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) David McClelland Sys. he was not during the night. Was of the opinion large pro partes and was going to make

Name and Medical Designation, Charles McBride

Place of Abode, Wigtown

DATED this 19th day of July One thousand eight hundred and eighty eight

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Robert Dobie being a (1) Bachelor of Medicine and a Surgery of Edinburgh University and being in actual practice as a (2) Physician and Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Low hen Wigtown Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) James McGill, and that the said James McGill is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, 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 & suspicious - talks incoherently - sy is waiting for a minister from Monill come & relieve him.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Charles Erskine Sys - that he was very cursing and praying alternately - talked mc about people coming for him from Ame

Name and Medical Designation, John R Dobie

Place of Abode, Whithorn

DATED this twelfth day of July One thousand eight hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 of
having had produced to me, with a Petition at the instance of (3) Alexander
M'Gill Farmer Kildarroch
Certificates under the hands of Charles M'Bride M.D. Wigtown
and John Robert Dobbie M.B.C.M. Whithorn, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
James M'Gill Joiner and that the said
James M'Gill is a (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 M'Gill as a Patient into the (6) Crichton Royal 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 James M'Gill which accompanied the said Petition.

DATED this twelfth day of July One thousand eight
hundred and eighty eight

Wm Mackie

To the Superintendent of the (7) Crichton Royal Institution
Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No. 5260.

James Mc. Gill

Admitted 12 July 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2)~~ Shire of Dumfries & Galloway, *and his Substitutes,*—

The Petition of William Toward, Assistant Inspector of Poor, City Parish Glasgow,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Hislop, Pauper, from Camperdown Police Office Glasgow, presently chargeable to said parish, ~~your Petitioner's~~ (3) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Hislop, Pauper, to the Crichton Royal Asylum, Dumfries, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) William Toward

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 12th (4) day of July, One thousand eight hundred and 88.

STATEMENT.

If any 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 Hislop.
2. Sex and Age,	Female. 28 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Cleaner.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	From Camperdown Police Office Glasgow.
7. Place where Found and Examined,	318 Parliamentary Road, Glasgow.
8. Length of time Insane,	A few days.
9. Whether First Attack,	Yes so far as known.
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*],	Not previously so far as known.
12. Duration of Existing Attack,	A few days.
13. Supposed Cause,	Unknown.
14. Whether subject to Epilepsy,	Unknown
15. Whether Suicidal,	Unknown.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish Glasgow.
18. Date of becoming Chargeable,	12 July 1888.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mother, Mary Fraser or Hislop resides at Waterloo, near Wishaw.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 12th day of July One thousand eight hundred and 88.

(*To be signed by the Party applying*) William Toward

P. p.

Assistant Inspector of Poor, City Parish 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, 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) 318 Park Road, Glasgow, in the County of Lanark, separately from any other Medical Practitioner, visited and personally examined (4) Jane Hislop, Pauper late of Campsdown Police Station, Glasgow, and that the said Jane Hislop, 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 that she said she was a goat and that she had to do the streets so that people might see she was not a goat says crowds followed her on the street; is excited and

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Was apprehended on the streets for her insane conduct - Information from Police Inspector, Campsdown office

Name and Medical Designation, Alex Robertson,

Place of Abode, 16 Newton Terrace, Gla

Dated this 12 day of July One thousand eight hundred and 88

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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
being a (1) Graduate in Medicine in 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) Jane Hislop, Pauper late of Campsdown Police Station, Glasgow and that the said Jane Hislop, 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 quite incoherently, thinks she is a goat, she has delusions of sight + hearing, men come to her to speak to her, + sees them through the night + is quite incapable of taking care of herself, + is dan

(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, Geo Buchan M D

Place of Abode Town's Hospital, Gla

Dated this 12th day of July One thousand eight hundred and 88

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Alex Robertson, being (1) a Graduate in Medicine, of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) in the County of Lanark, seen and personally examined Jane Bishop, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alex Robertson, M.D

DATED this 12th day of July One thousand eight hundred and 88

(1) 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 Howard, Assistant Inspector of Poor, City Parish, Glasgow, Certificates under the hands of Alex. Robertson and Wm. Buchan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Hislop 318 Parliamentary Road, Glasgow, (a Pauper) and that the said Jane Hislop is a (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 Hislop 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 Hislop, which accompanied the said Petition.

DATED this Thirteenth day of July, One thousand eight hundred and eighty eight 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.

Jane Kislop
City Parish Glasgow.
Admitted 12 July 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Sheriffdom of Dumfries and Galloway *and his Substitutes,*—

The Petition of James Mc William Inspector of Poor Kirkcowan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margret Mc Culloch or Harvey 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 Margret Mc Culloch or Harvey to the Royal Asylum Dumfries and to sanction Her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) James Mc William Inspr of Poor Kirkcowan

(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 July One thousand eight hundred and eighty eight years

James Mc William

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margret Mc Culloch or Harvey
2. Sex and Age,	Female aged twenty five years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Shoemakers wife farm service
5. Religious Persuasion, so far as known,	Roman Catholick
6. Previous Place of Abode,	Wigtown
7. Place where Found and Examined,	in Kirkcowan in Husbands House
8. Length of time Insane,	twenty four Hours
9. Whether First Attack,	a slight attack about two years ago as stated by her Husband
10. Age (if known) on First Attack,	twenty three years
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Garbestown Sorby Parish twenty four Hours
12. Duration of Existing Attack,	
13. Supposed Cause,	Religious mania
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,	supposed to be Sorby
18. Date of becoming Chargeable,	13th July 1888
19. Christian Name and Surname, and Place of Abode of nearest known 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 Harvey Husband Shoemaker residing in Kirkcowan 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 Thirteenth day of July One thousand eight hundred and 88

(*To be signed by the Party applying*) James Mc William Inspr of Poor Kirkcowan

P. P.

City Parish 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, William Andrew Forsyth,
being a (1) Bachelor of Medicine & Master of Surgery
Glasgow University
and being in actual practice as a (2) General Practitioner Kirkcowan
do hereby certify, on soul and conscience, that I have this day, at (3) Village
Wigtown in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Margaret McCulloch or Harvey
Kirkcowan Village, Pauper, and that
the said Margaret McCulloch or Harvey is a (5) person of
unsound mind, and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Religious excitement; fits of depression of spirits
She is continually "blessing herself" asserting that the Devil
She considers by husband neighbours & he all demons
& get away from them, if not eventually watched.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her husband states that she threw her youngest child
out on to the floor the ~~evening~~ morning, that she attempts
sings & prays, & that there is a history of insanity in
family.

Name and Medical Designation, William A Forsyth, M.

Place of Abode, Newton Stewart

DATED this thirteenth day of July One thousand eight
hundred and eighty eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 James Colvin MB:Cm.
being a (1) MB:Cm & Glasgow University
and being in actual practice as a (2) Physician & Surgeon.
do hereby certify, on soul and conscience, that I have this day, at (3) Kirkcowan
Village
W. Galloway in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Margaret McCulloch. Harvey.
and that
the said Margaret McCulloch. Harvey. is a (5) Insane person
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She is subject to periods of melancholia, varied at periods of great
excitement & violence. - wanting to stop herself naked. - constantly crossing
herself. Hates her husband. wants to injure her.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
She has been violent. Her husband says she threw one of
her children out of bed - that she broke the window & cut her hand
& arm. that she attacked herself, striking her face. He says she has fits, constantly
Name and Medical Designation, Henry J Colvin MB:Cm.

Place of Abode Kirkcowan

DATED this Thirteenth day of July. One thousand eight
hundred and eighty eight

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James McWilliam
Inspector of Poor Kirkcowan
Certificates under the hands of William A. Forsyth M.B., C.M., Newton Stewart
and Henry T. Colvin M.B., C.M., Kirkcowan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McCulloch or Harvey Pauper and that the said
Margaret McCulloch or Harvey Pauper is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret McCulloch or Harvey Pauper 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 which accompanied the said Petition.

DATED this thirteenth day of July One thousand eight hundred and eighty eight

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.

Margaret McMillan
or Harvey
Kirkcowan
Admitted 14 July 1888

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway at Dumfries
——— *and his Substitutes,*—

(3) Insert Name and Designation.

The Petition of (3) George Boak, residing at 9 South Street Gateshead,
humbly sheweth that it appears from the subjoined Statement and accompanying Medical
Certificates that Mrs Annie Mustard or Boak,
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 Mrs Annie Mustard or Boak 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 Boak

(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 July One thousand
eight hundred and Eighty Eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Annie Mustard or Boak
2. Sex and age,	Female - 40
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,	Newcastle - 8 Mowbray St.
7. Place where found and examined,	Dumfries.
8. Length of time Insane,	one year - present attack has lasted Six months
9. Whether First Attack,	Second.
10. Age (if known) on First Attack,	39
11. When and where previously under Examination and treatment,	Crichton Royal Institution, Dumfries
12. Duration of Existing Attack,	Six months.
13. Supposed Cause,	Alcohol.
14. Whether subject to Epilepsy,	yes
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	———
18. Date of becoming Chargeable,	———
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	George Boak. Husband. 9 South St. Gateshead. Two of her brothers died from the effects of drink.
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 Nineteenth day of July One thousand eight hundred and Eighty Eight.

(To be signed by the Party applying) George Boak

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace. - - - - - - - -
2. Character of Education. - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - - -
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? - - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? - -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? - -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane? - - -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, James Hunter Dryden, being (1) Licentiate of the Royal College of Physicians, Edinr hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined Mrs Annie Hustard or Boak, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J Hunter Dryden LRCP Ed

DATED this 14th day of July One thousand eight hundred and eighty eight-years

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE—No. I.

, the undersigned, James Hunter Dryden
ing a (1) Licentiate of the Royal College of Physicians of Edinburgh
d being in actual practice as a (2) general practitioner
reby certify, on soul and conscience, that I have this day at (3) 26 Castle Street, Dumfries; in the County of Dumfries separately from any other Medical Practitioner, sited and personally examined (4) Mrs Annie Muirhead or Boak of 8 Howbray Street, Newcastle and that e said Mrs Annie Boak is a (5) person of unsound mind and a proper person to be detained der Care and Treatment, and that I have formed this opinion upon the following ounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) Her expression of countenance and behaviour indicate insanity She is restless, excited and at time violent. She alternately laughs and cries, and is quite incoherent in speech.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) By her attendant — She has been already in the Crichton Royal Institution

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J Hunter Dryden LRCP & SEd

Place of Abode, 26 Castle Street Dumfries.

DATED this 14th day of July One thousand eight hundred and eighty eight years

MEDICAL CERTIFICATE—No. II.

, the undersigned, Richard B. Lorraine
ing a (1) Graduate of Edinburgh University
d being in actual practice as a (2) Medical Practitioner
reby certify, on soul and conscience, that I have this day, at (3) Crichton 2nd House in the County of Dumfries separately from any other Medical Practitioner, ited and personally examined (4) Mrs Annie Muirhead or Boak and that e said Mrs Annie Boak is a (5) person of unsound mind and a proper Person to be detained der Care and Treatment, and that I have formed this opinion upon the following ounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) Cannot remember things seen for a short time. although she only came here yesterday could not tell me when she came. Is very excitable and talks at times incoherently

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Richard B. Lorraine MBCM

Place of Abode, 16 Castle St Dumfries

DATED this fifteenth day of July One thousand eight hundred and eighty eight

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-Substitu
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) George B
residing at 9. South Street, Gateshead
Certificates under the hands of James Hunter Dryden
and Richard B. Lorraine, being two Medical Perso
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care a
Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Luna
Asylums in Scotland," setting forth that they had separately visited and examined
Mustard or Boak, 9 South Street, Gateshead
Annie Mustard or Boak is a (5) person of unso
mind

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you
receive the said Annie Mustard or Boak a Patient into t
Crichton Royal Institution for the Insane at Dumfries, and I authorize her
Transmission to the said Asylum accordingly; and I transmit you herewith the s
Medical Certificates, and a Statement regarding the said Annie Must
which accompanied the said Petition.

DAYED this Sixteenth day of July, — One thousand eig
hundred and eighty eight.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Annie Mustard or Boak

Date of Admission, 14 July 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries Galloway, *and his Substitutes,*—

The Petition of Andrew Wallace, Inspector of Poor, Govan Combination, Glasgow, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Patrick McLaughlin, Govan Police Office, Albert St. Govan, 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 Patrick McLaughlin, to the Crichton Royal Institution for Insane, 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.

(To be signed by the Party applying) Andw Wallace

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Sixteenth (4) day of July, One thousand eight hundred and eighty eight 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,	Patrick McLaughlin.
2. Sex and Age,	Male aged 23.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Boilermaker
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	45 Fleming St Govan.
7. Place where Found and Examined,	Govan Police Office, Albert St Govan.
8. Length of time Insane,	a few days
9. Whether First Attack,	First
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*],	None
12. Duration of Existing Attack,	a few days
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	unknown
15. Whether Suicidal,	no
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Govan Combination
18. Date of becoming Chargeable,	16th July 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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 William McLaughlin, mason 45 Fleming St. Govan. 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 Sixteenth day of July, One thousand eight hundred and eighty eight years.

To be signed by the Party applying) Andw 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, James Barras
being a (1) Doctor of Medicine of Saint Andrews University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Govan Police Office Albert St Govan in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Patrick McLaughlin, Pauper, at Govan Police Office Albert St Govan and that the said Patrick McLaughlin is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Silly and simple in his behaviour. Delusive. States that since he got a strip from Father Foley that he is made a praying man

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Police state that he was brought to the office for Assault and that for some time back they have seen him do insane acts

Name and Medical Designation, James Barras M.D.

Place of Abode, Govan

DATED this 16 day of July One thousand eight hundred and eighty eight 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 Davie Taylor
being a (1) M.D. 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) Albert St, Govan in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Patrick McLaughlin, Pauper, Albert St Police Office Govan and that the said Patrick McLaughlin is a (5) person unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Silly and di[illegible] fancies he has been appointed Priest to [illegible] half of Govan & that he is to be an exam[illegible] the wicked, fancies there was a large bla[illegible] in his cell last night &c &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Police state that he was apprehend[illegible] assault & since certified insane by th[illegible] Surgeon.

Name and Medical Designation, Robert Davie Taylor

Place of Abode 7 Cecil Place Paisley Road

DATED this 16 day of July One thousand eight hundred and eighty eight 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 Barras
being (1) Doctr of Medicine of Saint Andrews University
hereby certify, on soul and conscience, that I have this day, at (2) Govan Police Office Albert St, Govan
in the County of Lanark, seen and personally examined
Patrick Mc Laughlin, and that the said
person is of unsound mind, and 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 Barras M.D.

DATED this 16 day of July One thousand eight hundred and eighty eight 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) Andrew Wallace
Inspector of Poor, Govan Combination Glasgow,
Certificates under the hands of James Barras,
and Robert Davie Taylor, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Patrick Mc Laughlin Govan Police Office Albert St. Govan, (a pauper) and that the said Patrick Mc Laughlin is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Patrick Mc Laughlin as a Patient into the (6) Public Asylum of Southern Counties, Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Patrick Mc Laughlin, which accompanied the said Petition.

DATED this Seventeenth day of July, One thousand eight hundred and eighty eight 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. 52641.

Patrick McLaughlin

Govan

admitted 16 July 1888

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 Primrose Bertram Forrest, residing at No 12 Westburn Terrace, Edinburgh

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Rothes Ann Forrest, Elie, Fife,

(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 Rothes Ann Forrest, to the Crichton Royal Institution for the Insane at Dumfries, 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 Certificate.

DATED this 18th (5) day of July, One thousand eight hundred and eighty eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Rothes Ann Forrest
2. Sex and age,	Female - 48.
3. Married, Single, or Widowed,	Single.
4. Condition of Life and previous Occupation (if any),	Dressmaker -
5. Religious Persuasion, so far as known,	Protestant.
6. Previous place of abode,	Elie. Fifeshire.
7. Place where found and examined,	Dumfries.
8. Length of time Insane,	not known -
9. Whether First Attack,	No. Third at least.
10. Age (if known) on First Attack,	20.
11. When and where previously under Examination and treatment,	Crichton Royal Institution, Dumfries.
12. Duration of Existing Attack,	- - - - -
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,	John Primrose Bertram Forrest, Brother (address designed) 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 Eighteenth day of July One thousand eight hundred and eighty eight.

(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?	Twice. Treated in the C.R.I. Dumf[illegible] In addition she had brain fever when 17 year [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?	
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No.
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	
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 Ferguson
being (1) Bachelor of Medicine
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
Miss Rothe Anna Forrest of Elie Fife, and that the said
~~Miss Rothe Anna Forrest~~
person is of unsound mind, and 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.&Co.

DATED this seventeenth day of July One thousand eight hundred and eighty eight.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

, the undersigned, Thomas Ferguson,
ing a (1) Graduate of Edinr University (Bachelor of Medicine &c)
nd being in actual practice as a (2) general practitioner
ereby certify, on soul and conscience, that I have this day at (3) the Railway station Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, sited and personally examined (4) Miss Rothes Anne Forrest of Elie Fife and that
e said Miss Rothes Anne Forrest is a (5) person of unsound mind and a proper person to be detained nder Care and Treatment, and that I have formed this opinion upon the following rounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) — (6) *State the Facts.*

Utterly incoherent in conversation - grinding her teeth frequently while speaking - Her face & general appearance are indicative of mental disorder.

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, Thomas Ferguson MB & CM.

Place of Abode, 22 Castle St. Dumfries

DATED this seventeenth day of July One thousand eight undred and eighty Eight

MEDICAL CERTIFICATE.—No. II.

, the undersigned, Fred. H. Clarke,
ing a (1) Graduate in Medicine of Glasgow University
nd being in actual practice as a (2) general practitioner
ereby 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, sited and personally examined (4) Rothes Anne Forrest, Elie, Fifeshire dressmaker, and that
e said Rothes Anne Forrest, is a (5) person of unsound mind, and a proper Person to be detained nder Care and Treatment, and that I have formed this opinion upon the following rounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) — (6) *State the Facts.*

Restless and excitable in manner and speech. Frequently incoherent in her remarks. Imagines she has come here to pay some friends a visit for a few days.

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, Fred. H. Clarke. MB. CM.

Place of Abode, 29 Castle Street, Dumfries.

DATED this Eighteenth day of July One thousand eight undred and Eighty Eight

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 Menzies Shortt, (1) Honorary Sheriff-Sub[illegible] of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Pr[illegible] Bertram Forrest, No. 12 Woodburn Terrace, [illegible] Certificates under the hands of Thomas Ferguson, and Frederick H. Clarke, 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) Ann Forrest, Elie Fife (Petitioner's Sister) and that the sai[illegible] 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 [illegible] receive the said Rothes Ann Forrest, 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 Rothes Ann [illegible] which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Eighteenth day of July, One thousand eigh[illegible] hundred and eighty eight.

W. H. Shortt

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Rothes Ann Forrest

Date of Admission, 17th July 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Renfrew ~~of~~ and Bute *and his Substitutes,—*

The Petition of Robert Campbell Clog Maker Paisley humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Thomson Campbell 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 Elizabeth Thomson Campbell to the Crichton Royal Institution Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Robert Campbell

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Nineteenth (4) day of July One thousand eight hundred and eighty eight

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth Thomson Campbell
2. Sex and Age,	Female - Age 70 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Housekeeper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	6 Abbey Terrace Paisley
7. Place where Found and Examined,	do do
8. Length of time Insane,	about one year
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	Supposed nine years of age
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	None under previous treatment
12. Duration of Existing Attack,	about one year
13. Supposed Cause,	Nothing known except the advancing years
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,	Her Son Robert Campbell 26 Causeyside St Paisley No
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Nineteenth day of July One thousand eight hundred and eighty eight.

To be signed by the Party applying) Robert Campbell
26 Causeyside St P.P.
Paisley

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Donald Fraser being a (1) Graduate in Medicine of the Universit Glasgow and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 6 Abbey P Paisley Renfrew in the County of separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Thomson Camp widow of 6 Abbey Terrace Paisley and that the said Elizabeth Thomson Campbell is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She states th her son who resides constantly with her is not t tells me that her savings in the Savings Ba has just been stolen. Has many other delusio a similar nature

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her son informs that she believes her mother who have been long dead &c

Name and Medical Designation, D. Fraser M. D.

Place of Abode, Paisley

DATED this Nineteenth day of July One thousand eight hundred and eighty eight years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Love being a (1) Doctor of Medicine, of the University of Glasgow and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 6 Abbey Terrace, Paisley Renfrew in the County of separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Thomson Campbell Widow residing at 6 Abbey Terrace aforesaid, and that the said Elizabeth Thomson Campbell is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is rambling and incoherent in her conversation, her memory is very defective, and she has many delusions such as that the writer is Mr Hart; she denies that her son William who lives with her is her son and she says that her mother who has been dead 30 years is living &c &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, John Love M. D.

Place of Abode 36 Berkeley Terrace, Glasg

DATED this Nineteenth day of July One thousand eight hundred and eighty eight 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 Sheriff Substitute
of ~~the~~ (2) Renfrew & Bute of
having had produced to me, with a Petition at the instance of (3) Robert Campbell Clog Maker, Paisley
Certificates under the hands of Donald Fraser, M.D. Paisley
and John Love. M.D. Paisley, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Elizabeth Thomson Campbell. and that the said
Elizabeth Thomson 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 Elizabeth Thomson Campbell as a Patient into the (6) 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 Elizabeth Thomson Campbell which accompanied the said Petition.

DATED this Twentyfifth day of July One thousand eight hundred and eightyeight

Hugh Cowan

WS

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.

No: 5766.

Elizabeth Thomson Campbell

Admitted 21 July 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries and of Galloway *and his Substitutes,*—

The Petition of Thomas Kennedy, Inspector of Poor, Stoneykirk

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Kerr residing at Cairngarroch

(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 Kerr to the Southern Counties Asylum, Dumfries and to sanction his admission into the said Asylum.

(*To be signed by the Party applying*) Thomas Kennedy

(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 July One thousand eight hundred and eighty eight

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Kerr
2. Sex and Age,	Male, 18 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,	Cairngarroch, Stoneykirk
7. Place where Found and Examined,	Cairngarroch, Stoneykirk
8. Length of time Insane,	About 3 years
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	About 15 years
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	—
12. Duration of Existing Attack,	3 yrs
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 Stoneykirk
18. Date of becoming Chargeable,	July 19th, 1888
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs. Margaret Jolly or Kerr, Mother residing at Earlston, Kirkcudbright. Paternal Uncle and Aunt were imbecile from youth till 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 eighteenth day of July One thousand eight hundred and eighty eight

(*To be signed by the Party applying*) Thomas Kennedy

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, John Coward McClew being a (1) M.B. C.M. Ed and being in actual practice as a (2) physician do hereby certify, on soul and conscience, that I have this day, at (3) Cairn Garroch in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) James Kerr and that the said James 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) Moody & refuse to answer all questions. On one occasion he to be bound to restrain him from violence. He goes about dressed in a petticoat

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His uncle John Folly says that on several occasions he has threatened violence to his relations & otherwise shewn symptoms of unsound mind

Name and Medical Designation, J. Coward McClew

Place of Abode, Sandhead

DATED this 18th day of July One thousand eight hundred and eighty eight

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 and being in actual practice as a (2) general practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Cairn Garroch in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) James A Kerr a pauper and that the said James A 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) When spoken to remains silent. Has an unsettled appearance indicating insanity

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His grandmother states that he was walking about the fields with a woman's petticoat. Does not incline to answer any questions &

Name and Medical Designation, Hugh Cochrane
FRCPEd Ex P B Glen

Place of Abode Stranraer

DATED this nineteenth day of July One thousand eight hundred and eighty eight

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William M'Gibbon Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Thomas Kennedy Inspector of Poor of the Parish of Stoneykirk
Certificates under the hands of John Cowan M.D. Glenluce Physician Sandhead 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) James Kerr residing at Cairngarrock Stoneykirk and that the said James 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 James Kerr 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 James Kerr which accompanied the said Petition.

DATED this Twentieth day of July One thousand eight hundred and eighty eight years

W. M'Gibbon

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No. 5867.

James Kerr,

Stoney Kirk

Admitted 21 July 1888

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway at Dumfries,

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) Evan Jones Surgeon Aberdare, Glamorgan,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that John Horatio Vincent Jones,

(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 John Horatio Vincent Jones to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

Evan Jones

(5) The date of the Petition must be within four clear days following the dates of the Medical Certificate.

DATED this twenty third (5) day of July, One thousand eight hundred and eighty eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Horatio Vincent Jones.
2. Sex and age,	Male. 24 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	none.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous place of abode,	Cologne.
7. Place where found and examined,	26 Castle Street. Dumfries & Crichton Royal Institution
8. Length of time Insane,	6 years
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	18 years
11. When and where previously under Examination and treatment,	
12. Duration of Existing Attack,	6 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,	Evan Jones Esqr Surgeon Aberdare South Wales. 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 third day of July, One thousand eight hundred and eighty eight.

(To be signed by the Party applying) Evan Jones

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace.
2. Character of Education.
3. Is the natural disposition cheerful or melancholy—reserved or frank.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?
13. What changes have taken place in his bodily symptoms?
14. Is he dirty, destructive, untidy, or obscene?
15. Has he threatened or attempted violence to himself? If so, in what way?
16. Has he threatened or attempted violence to others? If so, in what way?
17. How long has he been insane?

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, James Hunter Dryden
being (1) Licentiate of the Royal College of Physicians Edin
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries
in the County of Dumfries, seen and personally examined
John Horatio Durant Jones, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J Hunter Dryden RCP&S

DATED this 23rd day of July One thousand eight hundred and eighty eight 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 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) 26 Castle Street, Dumfries, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Rev. John Horatio Vincent Jones of Tymawr, Aberdare, South Wales, and that the said John Horatio Vincent Jones, is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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 unsoundness of mind. He is restless and confused in his ideas, and occasionally incoherent in speech. He also has delusions, e.g. that his friends are anxious to get rid of him, and so illtreat him

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) By his father.— He is full of delusion, he imagines that he has been left an estate, &c. &c. His conduct at times is indecent.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, James Hunter Dryden M.R.C.P.Ed

Place of Abode, 26 Castle Street, Dumfries.

DATED this 23rd day of July — One thousand eight hundred and eighty eight 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 Fac. Phys. and Surg. 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) John Horatio Vincent Jones Tymawr, Aberdare South Wales and that the said John Horatio Vincent Jones is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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 rambling in his speech, talks incoherently and is very restless.

(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 M.D.

Place of Abode, 25 Castle Street. Dumfries.

DATED this twenty third day of July — One thousand eight hundred and eighty eight 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) Evan Jones Surgeon, Aberdare, South Wales, 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) John Horatio Vincent Jones, Tymawr, Aberdare, (Petitioner's Son), and that the said (5) John Horatio Vincent Jones, is a (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 Horatio Vincent Jones, 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 Horatio Vincent 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 July — One thousand eight hundred and Eighty Eight years.

David Boyle Hope

To the Medical Superintendent of the Public Crichton Royal Institution, Dumfries.

Name John Horatio Vincent Jones

Date of Admission 23 July 1888

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway at Dumfries;

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) John Robertson, of 23 Western Hill, Durham,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Margaret Ann Robertson, 23 Western Hill Durham,

(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 Margaret Ann Robertson, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

John Robertson,

(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 July, One thousand eight hundred and eighty eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Ann Robertson
2. Sex and age,	Female. 26 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life and previous Occupation (if any),	
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous place of abode,	23 Western Hill Durham
7. Place where found and examined,	Railway Station. Dumfries & Crichton Royal Institution
8. Length of time Insane,	11 years
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	15 years
11. When and where previously under Examination and treatment,	County Asylum Lethchild for 2 years Dumfries Lunatic Asylum for 2 years
12. Duration of Existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	yes
15. Whether Suicidal,	No
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Burnett 23 Western Hill Durham Sister & Trustee.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 27th day of July, One thousand eight hundred and eighty Eight.

(To be signed by the Party applying). John Robertson

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - -
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - -
16. Has he threatened or attempted violence to others? If so, in what way? - -
17. How long has he been insane? - - -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, Thomas Tupson ——
being (1) Bachelor of Medicine ——
hereby certify, on soul and conscience, that I have this day, at (2) the Railway Station Dumfries
in the County of Dumfries ——, seen and personally examined
Margaret Ann Robertson ——, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum. ——

And I further certify that the case of the said person is one of Emergency.

Thomas Tupson M.B.

DATED this twenty fourth day of July —— One thousand eight hundred and eighty eight. ——

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

, the undersigned, Thomas Ferguson
ing a (1) Bachelor of Medicine Edin. University
d being in actual practice as a (2) physician & Surgeon
reby certify, on soul and conscience, that I have this day at (3) the Railway Station Dumfries in the County of Dumfries separately from any other Medical Practitioner, sited and personally examined (4) Margaret Ann Robertson and that e said Margaret Ann Robertson is a (5) person of unsound mind and a proper person to be detained der Care and Treatment, and that I have formed this opinion upon the following ounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) *(6) State the Facts.*

She has a dull stupid look
She is quite unable to talk intelligently or to understand what is said to her.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) *(7) State the Information, and from whom derived.*

By Mrs Burnet her sister } That she takes no interest in friends or surroundings.

Name and Medical Designation, Thomas Ferguson M.B. & C.M.

Place of Abode, 22 Castle St Dumfries

DATED this twenty fourth day of July — One thousand eight ndred and eighty eight

MEDICAL CERTIFICATE.—No. II.

, the undersigned, James Hunter Dryder,
ing a (1) Licentiate of the Royal College of Physicians of Edinburgh
d being in actual practice as a (2) general practitioner
reby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum, Dumfries in the County of Dumfries separately from any other Medical Practitioner, sited and personally examined (4) Margaret Ann Robertson 23 Western Hit. Durham and that e said Margaret Ann Robertson is a (5) person of unsound mind and a proper Person to be detained der Care and Treatment, and that I have formed this opinion upon the following ounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) She is dull, stupid, idiotic and incoherent. She cannot comprehend or answer the simplest questions. She can give no information about herself or her relatives, and she has not the slightest idea of either time or place. *(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 the Matron (Mrs Mitchell) She is at times very troublesome and violent, and attempts to injure those around her.

Name and Medical Designation, J Hunter Dryden MRCP Ed

Place of Abode, 26 Castle Street Dumfries

DATED this 27th day of July — One thousand eight ndred and eighty eight 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 Substitu
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) John Robert
23 Western Hill, Durham,
Certificates under the hands of Thomas Ferguson,
and James Hunter Dryden, 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 (
Margaret Ann Robertson, 23 Western Hill, Durham, Petit
and that the sa
Margaret Ann Robertson, is a (3) person of unsound mi
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you
receive the said Margaret Ann Robertson, 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 Margaret Ann Robert
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 July One thousand eig
hundred and eighty eight years.

David Boyle Hope

To the Medical Superintendent of the
Public *Crichton Royal Institution, Dumfries.*

Name, Margaret Ann Robertson

Date of Admission, 24 July 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Sheriffdom *of* Dumfries & Galloway *and his Substitutes,—*

The Petition of James Christison Inspector of Poor of the Parish of Kirkinner humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Clark 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 Clark to the Southern Counties Asylum, Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) James Christison

DATED this 24th (4) day of July One thousand eight hundred and 88

(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 Clark.
2. Sex and Age,	Female, 56
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	agricultural Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kirkinner
7. Place where Found and Examined,	Kirkinner
8. Length of time Insane,	one day
9. Whether First Attack,	no
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Southern Counties asylum from 9th May 1881 till 14th Augt. 1883
12. Duration of Existing Attack,	one day
13. Supposed Cause,	Cannot say
14. Whether subject to Epilepsy,	Do.
15. Whether Suicidal,	Do.
16. Whether Dangerous to others,	Do.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkinner Parish
18. Date of becoming Chargeable,	about 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,	Mother insane. now dead
20. Special circumstances (if any) preventing the 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 88

(To be signed by the Party applying) James Christison

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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) Charles McBride Doctor of Medicine of the University of [illegible]

and being in actual practice as a (2) Physician — do hereby certify, on soul and conscience, that I have this day, at (3) Kirkmuir village Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Margaret Clark. a pauper residing in Kirkmuir Village and that the said Margaret Clark is a (5) person of unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Refuses to take any food — Has a dazed melancholic appearance, lays the blame upon the Myths, will sit and stare [illegible] all by herself. — Head hot pupils dilated

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Margaret McGinnes says she assumed a strange manner towards her & said you promised to me — Mrs Spuddle says she refuses all food

Name and Medical Designation, C McBride M.D.

Place of Abode, Wigtown

DATED this 24th day of July One thousand eight hundred and eighty eight 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, being a (1) John Robert Dobie Bachelor of Medicine and a Master in Surgery of Edinburgh University and in actual practice as a (2) Physician & Surgeon. do hereby certify, on soul and conscience, that I have this day, at (3) Kirkmuir Village Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Margaret Clark, a pauper residing in Kirkmuir Village and that the said Margaret Clark is a (5) Person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has appearance of dull & listless — the refuses to take food — looks startled if anyone unknown approaches — pupils widely dilated.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Joan McCulloch a neighbour — says she removed her late for some months since Maggie Flockhart refuses food & tried to shield her from those intending her friend

Name and Medical Designation, John R Dobie M.B.C.

Place of Abode, Newtownmore

DATED this 24th day of July One thousand eight hundred and eighty eight years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

, the undersigned,
eing (1)
ereby certify, on soul and conscience, that I have this day, at (2)
the County of , seen and personally examined
, and that the said
erson is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight
undred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

John Doig Esquire (1) Sheriff Substitute
the (2) County of Wigtown
ying had produced to me, with a Petition at the instance of (3) James Christison
Inspector of Poor of the Parish of Kirkinner
ertificates under the hands of Charles M'Bride M.D. Wigtown
nd John Robert Dobbie L.R.C.S. Wigtown being two Medical Persons
ly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and reatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic sylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Clark Agricultural Labourer (Pauper) and that the said Margaret Clark is a (5) person of unsound mind
d a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to
ceive the said Margaret Clark as a Patient into the
Southern Counties Asylum of Dumfries and I authorize
Transmission to the said Asylum accordingly; and I transmit you herewith
e said Medical Certificates, and a Statement regarding the said Margaret Clark
hich accompanied the said Petition.

DATED this twenty fourth day of July One thousand eight
ndred and eighty eight years

John Doig L.S.

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 5270.

Margaret Clark.

Kirkinner.

Admitted 25 July 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (1) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the Shire~~ of Dumfries ~~Stewartry~~ and his Substitutes,—

The Petition of Archibald Dempster, Inspector of Poor, City Parish, Glasgow, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Leask, Pauper, from Central Police Office Glasgow - presently chargeable to said parish

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

~~your Petitioner's (2)~~ is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Leask, Pauper, to the Crichton Royal Asylum, Dumfries and to sanction his admission into the said Asylum.

(To be signed by the Party applying) A. Dempster

(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 July, — One thousand eight hundred and 88.

STATEMENT.

If any 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 Leask.
2. Sex and Age,	Male. 34 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Plumber.
5. Religious Persuasion, so far as known.	Protestant
6. Previous Place of Abode,	From Central Police Office Glasgow
7. Place where Found and Examined,	315 Parliamentary Road, Glasgow.
8. Length of time Insane,	A few days.
9. Whether First Attack,	No.
0. Age (if known) on First Attack,	31 years.
1. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	1885. In Woodilee Asylum.
2. Duration of Existing Attack,	A few days.
3. Supposed Cause,	Intemperance.
4. Whether subject to Epilepsy,	Unknown.
5. Whether Suicidal,	Yes.
6. Whether Dangerous to others,	Yes.
7. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish Glasgow
8. Date of becoming Chargeable,	25th July 1888.
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,	Sister, Mary Leask, care of Mr Dawson, South Shields.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 25th day of July, — One thousand eight hundred and 88.

(To be signed by the Party applying) A. Dempster

Inspector of Poor, City Parish 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 ——— being a (1) Graduate in medicine of Glasg Univers ——— and being in actual practice as a (2) Physician ——— do hereby certify, on soul and conscience, that I have this day, at (3) 31 & ——— Parliamentary Road, Glasgow ——— in the County of ——— Lanark ——— separately from any other Medical Practitioner visited and personally examined (4) Thomas Leask. Pauper lu. of Central Police Office, Glasgow ——— and that the said Thomas Leask. 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) Seen twice lau... and is in danger of being shot by a man who ... him about, but he is determined to defend him... and would kill this man if he saw him. is dan... to himself & others.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Was caught in the streets this day by the P... acting in an insane manner, he heard this man ... him to prepare himself for being shot. as per le... from Central Police Office

Name and Medical Designation, Geo Buchan M D...

Place of Abode, Home, Town's Hospital, G...

Dated this 25th day of July One thousand eight hundred and 88.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Keehan. ——— being a (1) Graduate in Medicine of the Glasgow ——— University. ——— and being in actual practice as a (2) Physician. ——— do hereby certify, on soul and conscience, that I have this day, at (3) 31 Parliamentary ——— Road Glasgow. ——— in the County of ——— Lanark. ——— separately from any other Medical Practitioner, visited and personally examined (4) Thomas Leask. Pauper. Central Police Office Glasgow ——— and that the said Thomas Leask 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) He says that voi... ...ying in matters ...ning a man Palmer came ... ...ders ...ry she or the house as he wanted to shoot Leask, because of his having the "bad disorder." He says he hears voices when there is none ... near him.

(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, Joseph Keehan M.B.

Place of Abode Town's Hospital.

Dated this 25th day of July One thousand eight hundred and 88.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Geo Buchan
being (1) A Graduate in medicine of Glasg Univers
hereby certify, on soul and conscience, that I have this day, at (2) 318 Parliamentary Road Glasgow,
in the County of Lanark, seen and personally examined
Thomas Leask. 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.

Geo Buchan M.D.

DATED this 25th day of July, One thousand eight hundred and 88.

(1) 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) Archibald Dempster,
Inspector of Poor, City Parish, Glasgow,
Certificates under the hands of George Buchan,
and Joseph Buchan, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Leask, Pauper, Central Police Offin Glasgow (a Pauper) and that the said
Thomas Leask is a (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 Leask 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 Leask, which accompanied the said Petition.

DATED this Twenty sixth day of July, One thousand eight hundred and eighty eight 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 5241.

Thomas Leask

City Parish Glasgow

Admitted 25 July 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries, *Substitute and his Substitutes,*—

The Petition of Archibald Dempster, Inspector of Poor, City Parish Glasgow, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Austin O'Mailley, Pauper, from your Petitioner's (3) Central Police Office Glasgow, - presently chargeable to said 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 Austin O'Mailley, Pauper, to the Crichton Royal Asylum, Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) A Dempster

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 25th (4) day of July, One thousand eight hundred and 88.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Austin O'Mailley.
2. Sex and Age,	male. 61 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Labourer.
5. Religious Persuasion, so far as known,	Roman Catholic.
6. Previous Place of Abode,	From Central Police Office Glasgow.
7. Place where Found and Examined,	318 Parliamentary Road. Glasgow.
8. Length of time Insane,	A few days.
9. Whether First Attack,	unknown.
10. Age (if known) on First Attack,	61, so far as known
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Not previously, so far as known
12. Duration of Existing Attack,	A few days.
13. Supposed Cause,	unknown,
14. Whether subject to Epilepsy,	unknown.
15. Whether Suicidal,	unknown.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish Glasgow.
18. Date of becoming Chargeable,	24th July 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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 relations 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 July, One thousand eight hundred and 88.

To be signed by the Party applying) A Dempster

P. p.

Inspector of Poor, City Parish 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 being a (1) Graduate in Medicine of Glasg 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) Austin O'mailley Pauper lab of Central Police Office and that the said Austin O'mailley, 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 quite incoherently, cant answer the most simple question gets into a most excited state. Roars, laughs &c at nothing, is quite incapable of taking care of himself and is dangerous to others

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Alexander Forsyth, tells me he was most excited, and attempted to strike him. that managed him with very great difficulty.

Name and Medical Designation, Geo Buchan MD.

Place of Abode, House, Lowis Hospital, Glasgow

DATED this 25th day of July One thousand eight hundred and 88

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Meehan being a (1) Graduate in Medicine of the Glasgow University and being in actual practice as a (2) Physician, do hereby certify, on soul and conscience, that I have this day, at (3) 318 Parliamentary Road Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Austin O'Mailley Pauper lab of Central Police Office and that the said Austin O'Mailley 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 answer question put. Will give no information about himself. He cannot take care of himself. Is occasionally morose.

(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, Joseph Meehan MBCM.

Place of Abode Lowis Hospital.

DATED this 25th day of July One thousand eight hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Geo Buchan being (1) A Graduate in Medicine of Glasgow Univers hereby certify, on soul and conscience, that I have this day, at (2) 318 Parliamentary Road, Glasgow in the County of Lanark, seen and personally examined Austin O'Mailley, 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.

Geo Buchan M.D.

DATED this 24th day of July One thousand eight hundred and 88.

(1) 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) Archibald Dempster, Inspector of Poor, City Parish, Glasgow, Certificates under the hands of George Buchan and Joseph Mechan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Austin O'Mailley, 318 Parliamentary Road Glasgow (a Pauper) and that the said Austin O'Mailley, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Austin O'Mailley 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 Austin O'Mailley, which accompanied the said Petition.

DATED this Twenty sixth day of July, One thousand eight hundred and eighty eight.

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.

Austin & Mawley.

City Parish Glasgow

Admitted 25 July 1888.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(2) Sheriff or Steward. (3) Shire or Stewartry.

Unto the Honourable the (2) Sheriff ~~of the (3) Lowdon~~ *of* Dumfries & Galloway *and his Substitutes,—*

The Petition of John Sowden Inspector of Poor, Urr, Kirkcudbright humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Scullen,

(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 Mary Scullen, to the Southern Counties Asylum, and to sanction her admission into the said Asylum.

John Sowden Inspector

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty seventh (5) day of July, One thousand eight hundred and 88

STATEMENT.

If any 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 Ferguson or Scullen.
2. Sex and Age,	female. age 49.
3. Married, Single, or Widowed,	married.
4. Condition of Life, and previous Occupation (if any),	——— Farm Servant.
5. Religious Persuasion, so far as known,	Roterdand
6. Previous Place of Abode,	Parish of Kirkmaiehue.
7. Place where Found and Examined,	Million of Urr.
8. Length of time Insane,	About eight days.
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	49
11. When and where previously under Examination and Treatment,	——— 8 days.
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,	Urr
18. Date of becoming Chargeable,	25th July, 1888.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Felix Scullen Labourer, Million Urr. (Husband.)
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 seventh day of July, One thousand eight hundred and 88

(*To be signed by Party applying*) John Sowden Insp.

P. P.

City Parish Glasgow

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Paterson Lewis M.D.
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) Milton
Wm. parish of Wm
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Mrs Mary Scullion, residing
Milton Wm. pauper -
and that
the said Mrs Mary Scullion is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (4)

Insane expression of face. - Told me someone had killed her brother and
son, and their bodies were in some of her cupboard houses - started, sighed & cried as
said, pointing to a corner of the room, the policeman was about her son, but hoped he would
spare his life - Does not know her age, the months of the year, nor what year it is. —

2. Other facts (if any) indicating Insanity communicated to me by others: (3)

Mrs Jackson, a neighbour, has heard her threaten to attack her husband
husband, and told me that her brother & son had been murdered and asked her to go
her and help her to find their bodies - Mrs Kell, a neighbour, & Mrs Connelly, a relative of
her husband told me that a knife or hatchet was covered by a blood from her hus-

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(4) *State the facts.*

(3) *State the information, and from whom derived.*

Name and Medical Designation, John Paterson Lewis M.

Place of Abode, Dalbeattie.

DATED this Twenty fifth day of July, — One thousand eight hundred and Eighty eight, —

MEDICAL CERTIFICATE, No. II.

I, the undersigned, John Meggat M.B.C.M.
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) Milton of
Kirkendbright in the County of
separately from any other Medical Practitioner
visited and personally examined (4) Mrs Mary Scullion
and that
the said Mrs Mary Scullion is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (4) She says her
is in another room having been murdered &
Boston in the same place. Always in great fe

2. Other Facts (if any) indicating Insanity communicated to me by others: (3)
Mrs Jackson was called in by her to see if her
Mrs Jackson says she hit her husband and ca
a severe bruise on his face

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(4) *State the facts.*

(3) *State the information, and from whom derived.*

Name and Medical Designation, John Meggat M.B.C.M.

Place of Abode Kirkpatrick Durham

DATED this Twenty Sixth day of July, — One thousand eight hundred and Eighty eight -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Louden, Inspector of Poor &c.
Certificates under the hands of John Paterson Lewis
and John Meggat, , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Ferguson or Scullen, Milton of Urr, (Pauper) and that the said
Mary Ferguson or Scullen, is a (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 Ferguson or Scullen 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 Ferguson or Scullen, which accompanied the said Petition.

DATED this Twenty seventh day of July, One thousand eight hundred and eighty eight 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.

Mary Ferguson or
Scullen

Wvv.

Admitted 27 July 1888

9556.

[FORM B²]

GENERAL BOARD OF LUNACY 26 JUL 88 SCOTLAND

25 and 26 Vict. Cap. 54, Sect. 16.

PLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

, th undersigned Andrew Wallace
ing desirous to transfer Dugald W. Carmichael
t present a Patient in Ayr District Asylum, and (¹) a pauper Lunatic of the Parish of which I am Inspector of Poor 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 Dugald W. Carmichael 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.

for and Wallace W. G. Downie

ATED at Glasgow (²) Inspr of Poor Govan Comb. this 24th day of July One thousand eight hundred and eighty eight years.

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

Fill in

STATEMENT.

1. Cristian Name and Surname of Patient at length,	Dugald Walker Carmichael
2. Sex and Age,	male, 35 years.
3. Married, Single, or Widowed,	married
4. Condition of Life, and Previous Occupation (if any),	Cashier
5. Religious Persuasion, so far as known,	
6. Date of Admission into Asylum,	2d June 1888
7. Length of time Insane,	upwards of two months
8. Whether first Attack,	not known
9. Age (if known) on first Attack,	35 years on present attack.
10. Duration of existing Attack,	rather longer than two months
11. Supposed Cause,	Business difficulties
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,	Govan Combination.
16. Cristian Name and Surname, and Place of Abode of nearest known 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 Jessie Leitch or Carmichael at 167 Glasgow St. Ardrossan None

certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) for and Wallace W. G. Downie

ATED this 24th day of July One thousand eight hundred and eighty eight years.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

B. Has previous to admission been suspected of a suicidal tendency, but has not exhibited any thing of the kind while in Ayr asylum. W. G. Downie

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned Charles H. Skae being (1) an M.D. St. Andrews, a L.R.C.S.E. hereby certify that I have this day at (2) the Ayr County Asylum personally examined Dugald Walker Carmichael at present Patient in said Asylum, and with respect to his Mental State that he labours under religious delusions, such that he can trace his descent in the Bible, from more than one of the apostles; ~~that~~ he finds references to himself in different parts of Scripture; and with respect to other similar beliefs

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 Royal Asylum at Dumfries

Charles H. Skae M.D.

Dated this 23rd day of July One thousand hundred and 88

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 Govan Combination to authorize the transfer of Dugald Walker Carmichael from Ayr District Asylum to Crichton Royal Institution, and the Board having considered such application the accompanying Medical Certificate, do hereby authorize the transfer (2) of the Dugald Walker Carmichael as requested.

[signature] Commissioner.

Dated at Edinburgh, this 25th day of July 0 thousand eight hundred and eighty eight.

Date of Sheriff's Order:—
4th June 1888

No. 527 4
Dugald Walker Carmichael
Govan Combination
admitted 28 July 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Sheriffdom of Dumfries & Galloway *and his Substitutes,—*

The Petition of Peter Galloway Inspector of Poor of Mochrum

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Mc Ginn 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 Mc Ginn to the Southern Counties Asylum Dumfries and to sanction the admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Peter Galloway

DATED this Twenty seventh (4) day of July One thousand eight hundred and Eightyeight

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	James Mc Ginn
Sex and Age,	Male 48 years
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any),	Married Labourer
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Whithorn
Place where Found and Examined,	Wigtown Prison
Length of time Insane,	not known
Whether First Attack,	yes
1. Age (if known) on First Attack,	48 years
1. When and where previously under Examination and Treatment,	None
1. Duration of Existing Attack,	not known
1. Supposed Cause,	not known
1. Whether subject to Epilepsy,	No
1. Whether Suicidal,	No
1. Whether Dangerous to others,	Yes
1. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Whithorn
1. Date of becoming Chargeable,	23d July 1888
1. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Wife Janet Durham or Mc Ginn and James Mc Ginn and William Mc Ginn Sons and next of kin of the said James Mc Ginn all residing in Mochrum Parish
1. 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 July One thousand eight hundred and Eightyeight

(To be signed by Party applying) Peter Galloway

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Macfellan
being a (1) Bachelor of Medicine & Master in
Edinburgh University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) the poor
in the town of Wigtown in the County
Wigtown separately from any other Medical Practitioner
visited and personally examined (4) James M'Ginn,
Pauper at no fixed residence and
the said James M'Ginn is a (5) person
of unsound mind, and a proper Person to be detained
under Care and Treatment, 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 the devil in his
pocket, and that he is always
him. He is suspicious & inclined to be
& has a look both of cunning & sus
2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Sergeant Mackenzie says he
make down his own bed, &
inclines to stand in any place he
put for a long time

(7) *State the information, and from whom derived.*

Name and Medical Designation, R. Macfellan
Public Vac
Place of Abode, Agnew Crescent

DATED this 27th day of July One thousand eight
hundred and eighty eight

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Charles McBride
being a (1) Doctor of Medicine of the Univ
Glasgow Physician
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3) Wigtown
Wigtown in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) James McGinn
a Pauper
the said James McGinn is a (5) person
of unsound mind and that
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Refused to speak. In a dirty
filthy & ragged condition. In very
a state of destitution and
His brother William McGinn
has acted kind & duty kindly
to [illegible] simply as they found

(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, Charles McBride
Place of Abode Wigtown

DATED this 27 day of July One thousand eight
hundred and eighty eight 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 Galloway
Inspector of Poor of Mochrum
Certificates under the hands of Robert Mackelvard M.B. C.M. Wigtown
and Charles McBride M.D. L.R.C.S. 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)
James McGinn an Wigtown Prison, Pauper and that the said
James McGinn is a (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 McGinn 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 McGinn which accompanied the said Petition.

DATED this twenty seventh day of July One thousand eight hundred and eighty eight

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 5275.

James McGinn

Whithorn

Admitted 28 July 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Ayr *and his Substitutes,*—

The Petition of William Goudie Joint dealer High Street Girvan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Goudie

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Son

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Goudie to the Royal Crichton Inst. Dumfries and to sanction his admission into the said Asylum.

(To be signed by the Party applying) William Goudie

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 25th (4) day of July One thousand eight hundred and 88

STATEMENT.

If any 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 Goudie
2. Sex and Age,	47 Male
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Agent
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	High St Girvan
7. Place where Found and Examined,	High St Girvan
8. Length of time Insane,	2 Months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	41
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Never
12. Duration of Existing Attack,	2 Months
13. Supposed Cause,	Religion
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	No
18. Date of becoming Chargeable,	
19. Christian Name 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 Goudie 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 25th day of July One thousand eight hundred and 88

(To be signed by the Party applying) William Goudie

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, George Valentine
being a (1) M.B. & Ch.M. of Glasgow University
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) High St Girvan Ayr in the County of
separately from any other Medical Practitioner
visited and personally examined (4) James Gendis Aged High St Girvan
the said James Gendis and that
is a (5) person of sound mind
and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) I was attended for Gendis for about 2 months for Melancholia chiefly of a religious character. He has lately become worse & would require 2 supervision & special treatment. He thinks himself a castaway from God & eternally damned. He would not converse at first but now & eat. Walking for hours now & then walking through the room wringing his hands & wailing. He will not go out, will not eat & when urged to do so becomes violent. He has been taken away for some crime when I asked him if he was guilty cried that he had & then burst into a violent fit of weeping.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Thinks of nothing but that he is lost. Will not go out & says he will take no food. You found the room wringing his hands & will take no interest in anything as he is eternally lost. His sister, father, and others

Name and Medical Designation, George Valentine M.B. Ch.M.

Place of Abode, Girvan

DATED this twenty fifth day of July One thousand eight hundred and eighty eight

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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. MacDougall
being a (1) Bachelor of Medicine & Master in Surgery of Glasgow University
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) High St Girvan Ayr in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) James Gendis Aged
High St Girvan
the said James Gendis 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) His appearance is vacant and depressed. Sighs being emitted frequently; will not enter into conversation repeating only "all hope is gone for me; lost for time and eternity" with other exclamations in dwelling pronounced Religious Melancholia

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Thinks his soul is eternally damned will not take food and refuses to go outside. Continually going about the house crying and wringing his hands. Father & sister

Name and Medical Designation, Alex. MacDougall M.B. Ch.B.

Place of Abode 12 Hamilton St Girvan

DATED this 25th day of July One thousand eight hundred and eighty eight

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Alex MacDougall being (1) Bachelor of Medicine & Master of Surgery of Glasgow University 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 Orr Paterson (1) Sheriff Substitute of the (2) County of Ayr having had produced to me, with a Petition at the instance of (3) William Goudie Spirit dealer High Street Girvan Certificates under the hands of George Valentine M.B.&C.M. and Alexander MacDougall M.B.&C.M., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Goudie Agent High Street Girvan and that the said James Goudie is a (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 Goudie as a Patient into the (6) Royal Crichton ~~Asylum of~~ Institution Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Goudie which accompanied the said Petition.

X^a Th.

DATED this twenty sixth day of July One thousand eight hundred and eighty eight

William A O Paterson

To the Superintendent of the (7) 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.

No 5276.

James Goudie

Admitted 30 July 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) ~~Shire of~~ Dumfries & Galloway and his Substitutes,—

The Petition of Alex McWilliam, Inspector of Poor, Lochrook, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Craig,

(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 Janet Craig to the Southern Counties Asylum, Dumfries, and to sanction her admission into the said Asylum.

(To be signed by the Party applying) Alex McWilliam

(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 July One thousand eight hundred and eighty eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Janet Craig
2. Sex and Age,	Female, 5-2 years old
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,	Dumfries but has been at Glencaple for several years
7. Place where Found and Examined,	Glencaple
8. Length of time Insane,	10 days
9. Whether First Attack,	no
10. Age (if known) on First Attack,	43 years old
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Crichton Royal Home
12. Duration of Existing Attack,	10 days
13. Supposed Cause,	a sister's death
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,	Caerlaverock Parish
18. Date of becoming Chargeable,	31st July 1888
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Craig, 106 Ordsall Lane Salop Manchester, a brother - a sister was previously 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 thirty first day of July One thousand eight hundred and eighty eight.

(To be signed by the 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, Richard B. Lorraine
being a (1) graduate of Edinburgh University
and being in actual practice as a (2) Medical Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Glencaple
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) 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) Keeps continually talking to herself. Takes aims of canon without reason. Talks incoherently. And is very excitable.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Captain Chartres with whom she stays says that she sleeps none. Keeps continually talking and making a great noise. And that she is very bad for destroying any thing in the house.

Name and Medical Designation, R B Lorraine MB

Place of Abode, 16 Castle St Dumfries

Dated this thirty first day of July One thousand eight hundred and eighty eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 D Macdonald
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) Southern County Asylum
in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Janet Craig, Pauper Glencaple Cumnock and that the said Janet Craig is a (5) Lunatic and of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Violent and excitable. Loquacious. Always talking and laughing without cause.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has been frequently violent in the house before.

Name and Medical Designation, A D Macdonald MD

Place of Abode, Dumfries

Dated this 30th day of July, One thousand eight hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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) Glencaple
in the County of Dumfries, seen and personally examined
Janet Craig, a pauper, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Richard B. Lorraine

DATED this Thirty first day of July One thousand eight hundred and eighty eight.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff-Substitute,
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Alexander McWilliam, Inspector of Poor, Carlaverock,
Certificates under the hands of Richard B. Lorraine
and Alexander Dall Macdonald being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Craig, Glencaple, Carlaverock (a Pauper) and that the said
Janet Craig 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 Janet Craig as a Patient into the (6) Public Asylum of Southern Counties and 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 First day of August, One thousand eight hundred and eighty eight.

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. 5277
Janet Craig
Caerlavero eR
Admitted 31 July 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Lanark and his Substitutes,

The Petition of Andrew Wallace, Inspector of Poor Govan Combination

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Mc. Donald, 95 Plantation St Glasgow

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) 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 David Mc. Donald to the Crichton Royal Institution Dumfries and to sanction his admission into the said Asylum.

(To be signed by the Party applying) Andw. Wallace

(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 July One thousand eight hundred and Eighty Eight

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	David Mc. Donald
2. Sex and Age,	Male 20 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,	95 Plantation St Glasgow
7. Place where Found and Examined,	95 Plantation St Glasgow
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,	A few days
13. Supposed Cause,	Ill health
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	Unknown
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Govan Combination Meantime
18. Date of becoming Chargeable,	31st July 1888
19. Christian Name and Surname, and Place of Abode of nearest known 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 Earle or Mc. Donald, 95 Plantation 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 31st day of July One thousand eight hundred and Eighty eight Years

To be signed by the Party applying) Andw. 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, James Barras being a (1) Doctor of Medicine of Saint Andrews University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 95 Plantation, Govan in the County of Lanark separately, from any other Medical Practitioner, visited and personally examined (4) David Mc Donald Pauper, 95 Plantation Street Plantation, Govan and that the said David Mc Donald is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, 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 get him to speak or look but found him sitting on a table reading Psalms and Prayers silently alternately

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His mother states that he refuses food and has kept in the position I found him 9 o'clock 3-30 P.M. reading a.d prayers since Sunday 6 p.m. Saturday

Name and Medical Designation, James Barras

Place of Abode, Govan.

DATED this 30th day of July One thousand eight hundred and eighty eight 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 Davis Taylor being a (1) M. D. 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) 95 Plantation St Plantation, Govan in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) David Mc Donald, Pauper 95 Plantation St Plantation, Govan and that the said David Mc Donald is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, 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 sitting at the Kitchen table singing hymns, refuses to put aside or lift his eyes from book. Refuses to answer questions

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His mother states that he has had several epileptic fits last month, & that he has been conducting himself in an insane manner since, that he sleeps none & refuses food

Has been in an asylum before.

Name and Medical Designation, Robert Davis Taylor M.D.

Place of Abode 7 Crest Place, Paisley Road, Govan

DATED this 30th day of July One thousand eight hundred and eighty eight 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 Davidson Kelfour (1) Sheriff Substitute
of the (2) County of Lanark
having had produced to me with a Petition at the instance of (3) Andrew Wallace Inspector of Poor Govan Combination Glasgow
Certificates under the hands of James Barras
and Robert David Taylor, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) David M'Donald 95 Lancaster St Govan and that the said David M'Donald is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David M'Donald as a Patient into the (6) Crichton Royal 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 David M'Donald which accompanied the said Petition.

DATED this 31st day of July One thousand eight hundred and eighty eight

D D Kelfour

To the Superintendent of the (7) 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 5278.
David McDonald
Govan
admitted 31 July 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) ~~Shire~~ of Dumfries & Galloway and his Substitutes,—

The Petition of Archibald Dempster, Inspector of Poor, City Parish, Glasgow,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Donald McLean, Pauper, from Northern Police Office Glasgow, presently chargeable to said parish,

(*) State degree of ~~your Petitioner's~~ 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 Donald McLean, Pauper, to the Crichton Royal Asylum, Dumfries, and to sanction his admission into the said Asylum.

(To be signed by the Party applying) A. Dempster

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 31st (*) day of July, One thousand eight hundred and 88.

STATEMENT.

If any 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 McLean.
2. Sex and Age,	male, 36 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,	From Northern Police Office Glasgow.
7. Place where Found and Examined,	318 Parliamentary Road, Glasgow.
8. Length of time Insane,	One week.
9. Whether First Attack,	Yes, so far as known.
10. Age (if known) on First Attack,	36 years — " —
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	Not previously so far as known.
12. Duration of Existing Attack,	one week.
13. Supposed Cause,	unknown.
14. Whether subject to Epilepsy,	no, so far as known.
15. Whether Suicidal,	unknown.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish Glasgow.
18. Date of becoming Chargeable,	31st July 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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, Catherine McKinnon or McLean, resides at 14 Roslin Place, Glasgow.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 31st day of July, One thousand eight hundred and 88.

(To be signed by the Party applying) A. Dempster

Inspector of Poor, City Parish 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.D
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) 318
Parliamentary Road, Glasgow in the County
Lanark separately from any other Medical Practitioner
visited and personally examined (4) Donald McLean Pauper
the Northern Police Office, but lately residing at 14 Roslin Place and that
the said Donald McLean, 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 quite incoherently thinks men on Horseback are coming to take him away, he sees them at times, & hears them say they are coming to take him away, is quite incapable of taking care of himself, & is dangerous to others.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His wife tells me he gets very excited at her & is lately confined and he was sent for the D. stayed out all night never went for him but wandered about the streets all night done so several times, talks to himself & thinks men are coming to the door to take him away.

Name and Medical Designation, Geo Buchan M.D.

Place of Abode, House, Lowis Hospital, Glasgow

DATED this 31st day of July One thousand eight hundred and 88

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 McLean
being a (1) Graduate in Medicine of the Glasgow
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) Donald McLean pauper of 14
Roslin Place, Glasgow and that
the said Donald McLean 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) He is dull & incoherent cannot answer questions put to him. Says men want to take his life & on account of his bad behaviour is unable to take care of himself & is dangerous to others.

(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, Donald McLean M.B.

Place of Abode 318 Parliamentary Road.

DATED this 31st day of July One thousand eight hundred and 88

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Geo Buchan being (1) A Graduate in Medicine of Glasg University hereby certify, on soul and conscience, that I have this day, at (2) 318 Parliamentary Road Glasgow in the County of Lanark, seen and personally examined Donald McLean, 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.

Geo Buchan MD

DATED this 31st day of July One thousand eight hundred and 88

(1) 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) Archibald Simpster, Inspector of Poor, City Parish, Glasgow, Certificates under the hands of George Buchan, and Joseph Meehan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Donald McLean, 318 Parliamentary Road, Glasgow, (a pauper) and that the said Donald McLean, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Donald McLean, 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 Donald McLean, which accompanied the said Petition.

DATED this First day of August One thousand eight hundred and eighty eight 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 5279

Donald Mc Lean.

City Parish of Glasgow.

Admitted 31 July 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the Sheriffdom of Dumfries and Galloway *and his Substitutes,*

The Petition of George Drysdale, Inspector of Poor, Parish of Whithorn humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Dalziel or Black 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 Jane Dalziel or Black to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

George Drysdale

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

Dated this 24 (1) day of July One thousand eight hundred and eighty eight.

(1) 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 Dalziel or Black
Sex and Age,	31
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any),	
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Whithorn
Place where Found and Examined,	Whithorn
Length of time Insane,	a few weeks
Whether first Attack,	Second attack
1. Age (if known) on first Attack,	31
1. When and where previously under Examination and Treatment,	Whithorn & in Southern Counties Asylum
1. Duration of existing Attack,	a few weeks
1. Supposed Cause,	Cause unknown
1. Whether subject to Epilepsy,	no
1. Whether Suicidal,	no
1. Whether Dangerous to others,	no
1. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Whithorn
1. Date of becoming Chargeable,	20th July 1888
1. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Black her husband residing in Whithorn none of family known to have been Insane
2. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 24 day of July One thousand eight hundred and eighty eight

(*To be signed by Party applying*) George Drysdale

Inspector of Poor

Whithorn

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Robert Dohie being a (1) Bachelor of Medicine & a 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 Row, Whithorn, in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Jane Dalziel or Black, a pauper, residing in Free Church Row and that the said Jane Black is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) at times she is preoccupied - then without cause she weeps little complains that her house is untidy and she cannot affix it - says she cannot sleep - sees at night men with coats who want to take her away - hears at times exquisite

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Isabella Flood, a neighbour - says - she sometimes has excited, causes her neighbours & attacks the stones - at other times she sits & complains she cannot do any work or attend to her husband.

Name and Medical Designation, John Robert Dohie

Place of Abode, Whithorn

DATED this 20th day of July One thousand eight hundred and eighty eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 & Licentiate of the Royal Coll. 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) Free Church Row, Whithorn in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Jane Dayell or Black, F.C. Row. Whithorn. Pauper and that the said Jane Dayell or Black is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 will not sit down. cannot sleep or work, has sometimes to be fed. swears & weeps alternately complains of troops of men coming in to murder her. hears fine music at night

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Janet Garroch a neighbour says she often runs out of the house naked - did so this morning. is very violent at times swearing dreadfully cannot settle to do her household work.

Name and Medical Designation, John C. Douglas M.D. L.R.

Place of Abode, St. Ninians, Whithorn

DATED this 25th day of July One thousand eight hundred and eighty eight 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) George Dypedale
Inspector of Poor Parish of Whithorn
Certificates under the hands of John Robt Dobie M.B. C.M. Whithorn
and John Charles Douglas M.D. 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)
Jane Dalziel or Black residing in Free Church Row Whithorn pauper and that the said
Jane Dalziel or Black is a (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 Dalziel or Black as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Dalziel or Black which accompanied the said Petition.

DATED this 24th day of July One thousand eight hundred and eighty eight years

John Doig 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.

No. 5280.

Jane Dalziel or
Black
Whithorn
admitted 1 August 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~Substitute~~ *of* ~~the (2)~~ Dumfries & ~~of~~ Galloway, *and his Substitutes,*—

The Petition of Robert Grierson Inspector of Poor, Kirkpatrick-Durham, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Crone Clark, Bridge of Urr, 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 Crone Clark, Bridge of Urr, to the 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*) Robt. Grierson Inspector

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this third 3rd August ~~(4) day of~~ One thousand eight hundred and 88.

STATEMENT.

If any 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 Crone Clark.
2. Sex and Age,	Female about 54.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Worked out Housekeeping
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Bridge of Urr
7. Place where Found and Examined,	
8. Length of time Insane,	about 6 Weeks has been depressed
9. Whether First Attack,	not first attack
10. Age (if known) on First Attack,	about 13.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Never treated in any establishment
12. Duration of Existing Attack,	about 6 Weeks
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Never showed any symptoms
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkpatrick-Durham
18. Date of becoming Chargeable,	1st August 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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 McCaw Clark, Bridge of Urr Sister 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 ~~first~~ third day of August, One thousand eight hundred and 88

(*To be signed by the Party applying*) Robt. Grierson Inspector

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Meggat
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
Kirkcudbright in the County of
separately from any other Medical Practitioner
visited and personally examined (4) Jane Clarke,
and that
the said Jane Clarke 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) For mouth
under delusions of poverty, & cut
throat this morning.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Always wandering about & c
rest at night.

Name and Medical Designation, John Meggat

Place of Abode, Kirkpatrick Du

DATED this 1st day of Augh One thousand eight
hundred and eighty eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Richard B. Lorraine
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) Medical Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Crichton
2nd House in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Jane Clarke, a pauper,
and that
the said Jane Clarke, 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 attempted
by cutting her throat - is very depressed
wishes her hands tied so that she may
at the wound to reopen it.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Dr Black says she is quite sleepless
she is very dull and melancholy

Name and Medical Designation, Richard B. Lorraine M.B.

Place of Abode 16 Castle St Dumfries

DATED this second day of August One thousand eight
hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Meggat, being (1) a Graduate of Edinburgh University, hereby certify, on soul and conscience, that I have this day, at (2) Bridge of Ur, in the County of Kirkcudbright, seen and personally examined Jane Clarke, and that the said person is of unsound mind, and 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 Meggat M.B. B.M.

DATED this 1st day of Augh One thousand eight hundred and 88

(1) State medical qualification. M.B.C.M. (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 Grierson Inspector of Poor, Kirkpatrick-Durham, Certificates under the hands of John Meggat, 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) Jane Crone Clarke, Bridge of Ur, Kirkpatrick Durham (a Pauper) and that the said Jane Crone Clarke 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 Jane Crone Clarke, 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 Crone Clarke, which accompanied the said Petition.

DATED this ~~Third~~ day of August, One thousand eight hundred and eighty eight. One word deleted.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

Jane Crone Clark

Kirkpatrick Durham

Admitted 1st August 1888

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) ~~Shire of~~ Dumfries & Galloway *and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) Andrew Wallace, Inspector of Poor Govan Combn, Glasgow, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Patrick Kinney, 3 Queen St, Partick; ——— your Petitioner's (4) pauper ———

(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 Patrick Kinney ——— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his — admission into the said Asylum.

Andwallace

(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 eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Patrick Kinney.
2. Sex and age,	Male 40 Years
3. Married, Single, or Widowed,	Married
4. Condition of Life and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous place of abode,	3 Queen St Partick
7. Place where found and examined,	Do.
8. Length of time Insane,	A few days.
9. Whether First Attack,	No.
10. Age (if known) on First Attack,	39 Years
11. When and where previously under Examination and treatment,	Stirling District Asylum Larbert from 16th May 87 till 11th June 1887
12. Duration of Existing Attack,	A few days.
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Govan Combination
18. Date of becoming Chargeable,	3rd August 1888
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mark Talalay or Kinney 3 Queen St Partick. 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 Third — day of August — One thousand eight hundred and eighty eight years —

(To be signed by the Party applying) Andwallace

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Co Down Ireland
2. Character of Education,	
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Meloncholy
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?	Insane once before
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?	Both parents died of fever
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Talking to himself.
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	
13. What changes have taken place in his bodily symptoms?	
14. Is he dirty, destructive, untidy, or obscene?	No
15. Has he threatened or attempted violence to himself? If so, in what way?	
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, Gilbert Campbell _____

being (1) M.B. Glasg: Univ: L.R.C.P.Ed. & L.F.P.S. Glasg:

hereby certify, on soul and conscience, that I have this day, at (2) Partick

in the County of Lanark _____ seen and personally examined

Patrick Kinney (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.

Gil: Campbell M.B

DATED this third day of August One thousand eight hundred and Eighty eight.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Gilbert Campbell
being a (1) M.B. Glasg: Univ: L.R.C.P.Edb: & L.F.P.S. Glasg:
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day at (3) 3 Inner Court
Partick in the County of
Lanark separately from any other Medical Practitioner,
visited and personally examined (4) Patrick Kinney (Pauper)
and that
the said Patrick Kinney is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) He has a dull lethargic look. Answers question after a good deal of hesitation. Says he hears people about him conspiring his death.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife says he is sometimes very violent. He has threatened to jump over the window. She says he has to be kept in the house by force.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Jas. Campbell M.B.

Place of Abode, 12 Hamilton Crescent, Partick

DATED this third day of August One thousand eight hundred and Eighty Eight.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Edward, Orr, Macniven
being a (1) M.B., C.M. 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) 3 Queen St
Partick in the County of
Lanark separately from any other Medical Practitioner,
visited and personally examined (4) Patrick Kinney (Pauper)
and that
the said Patrick Kinney is a (5) person of
unsound mind 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 and depressed in his manner — not willing to speak readily. He has the fixed delusion that there are people outside his house threatening to injure him. His memory is very defective — and his sleep broken at night —

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife informs me that at times he becomes very much excited & has threatened to jump over the window. She also states that he has the fixed delusion that people outside the house are threatening to injure him —

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Edwd. Orr. Macniven M.B. C.M. Edr.

Place of Abode, Linden Cottage, Partick

DATED this third day of August One thousand eight hundred and Eighty eight.

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) Andrew Wilson Inspector of Poor, Govan Combination Glasgow Certificates under the hands of Gilbert Campbell, and Edward Orr Macniven, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined

(*) Describe the Patient, and if a Pauper, state so.

Patrick Kinney, 3 Queen Street, Partick, (a pauper) and that the said

(*) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

Patrick Kinney is a (*) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Patrick Kinney as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the Medical Certificates, and a Statement regarding the said Patrick Kinney which accompanied the said Petition.

DATED this Fourth day of August, One thousand eight hundred and eighty eight years.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Patrick Kinney
(Govan)
Date of Admission, 7 August 1888

MEDICAL CERTIFICATE.—No. I.

, the undersigned, Richard B. Lorraine
ing a (1) graduate of Edinburgh University
d being in actual practice as a (2) Medical Practitioner
reby certify, on soul and conscience, that I have this day at (3) Nithsdale
Hotel, Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
sited and personally examined (4) Mary Jane Hood
and that
e said Mary Jane Hood is a (5) person of
unsound mind and a proper person to be detained
der Care and Treatment, and that I have formed this opinion upon the following
ounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) She very sleepless has a melancholy look, has the delusion that blood trickles down from her head down her back, also she puts the blood trickling in her ear and prevents her sleeping
2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Nurse in attendance says, she is very melancholy, is often crying and does not sleep at all at nights

(6) *State the Facts.*
(7) *State the Information, and from whom derived.*

Name and Medical Designation, Richard B. Lorraine MB CM

Place of Abode, 16 Castle St Dumfries

DATED this ninth day of August One thousand eight hundred and eighty eight years

MEDICAL CERTIFICATE.—No. II.

, the undersigned, Thomas Ferguson
ing a (1) Bachelor of Medicine MB & CM.
d being in actual practice as a (2) physician & Surgeon
reby certify, on soul and conscience, that I have this day, at (3) Nithsdale
temperance Hotel Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
sited and personally examined (4) Mary Jane Hood
and that
e said Mary Jane Hood is a (5) person of
unsound mind and a proper Person to be detained
der Care and Treatment, and that I have formed this opinion upon the following
ounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) She has a dull listless look but dances in her mood & at times laughs in a silly manner. Talks in a childish & disconnected way. Believes that her ~~system~~ circulation is perverted & her blood going the wrong way
2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(6) *State the Facts.*
(7) *State the Information, and from whom derived.*

Name and Medical Designation, Thomas Ferguson MB & CM.

Place of Abode, 22 Castle St Dumfries

DATED this ninth day of August One thousand eight hundred and eighty eight.

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, (1)
of the (2)
having had produced to me, with a Petition at the instance of (3)

Certificates under the hands of
and , being two Medical Perso
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care a
Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Luna
Asylums in Scotland," setting forth that they had separately visited and examined
and that the sa

(4) Describe the Patient, and if a Pauper, state so.

is a (4)

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you
receive the said as a Patient into t
Crichton Royal Institution for the Insane at Dumfries, and I authorize
Transmission to the said Asylum accordingly; and I transmit you herewith the s
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, ...

See No 5291

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries and his Substitutes,—

The Petition of John A. Carse Inspector of Poor Ecclefechan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Glendinning 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 Glendinning to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) John A. Carse

(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 August One thousand eight hundred and eighty eight 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 Glendinning
2. Sex and Age,	M. 30
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,	Newbrigs, Ecclefechan
7. Place where Found and Examined,	3 months
8. Length of time Insane,	Yes
9. Whether First Attack,	30.
10. Age (if known) on First Attack,	None.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	2 mos?
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,	Ecclefechan
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Glendinning Newbrigs, Ecclefechan 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 6th day of August One thousand eight hundred and 88.

(To be signed by the Party applying) John A. Carse
Inspector of Poor
Ecclefechan.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Clark Mac
being a (1) Graduate of Edinburgh
and being in actual practice as a (2) Medical Practitio
do hereby certify, on soul and conscience, that I have this day, at (3) Mon
Terraces
Kirkcudbright in the County
separately from any other Medical Practitio
visited and personally examined (4) William Glendinning Pau
Braelee, New Abbey Terrace, Dumfries and th
the said William Glendinning is a (5) Pers
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. :—

(4) *State the facts.*

1. Facts indicating Insanity observed by myself: (4) He is at
irritable tongues that he
suffering from a disease
Excoriations from outside especial
father. He is subject to fanci
Excoriations can be felt entering h

(5) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (5)
has been irritable recen
months. Blames his father
Cats as the cause of his ill
others. was told me by his moth

Name and Medical Designation, A Clark Mac

Place of Abode, Dumfries

DATED this 6th day of August One thousand eig
hundred and eighty-eight

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Practitione
do hereby certify, on soul and conscience, that I have this day, at (3) Ten Bo
Terraces
Kirkcudbright in the County
separately from any other Medical Practitione
visited and personally examined (4) William Glendinning Pau
Braelee, New Abbey, Terraces and th
the said William Glendinning is a (5) person
of unsound mind and a proper person to be detain
under Care and Treatment, and that I have formed this opinion upon the followi
grounds, viz. :—

(4) *State the facts.*

1. Facts indicating Insanity observed by myself: (4) is very slee
and excitable, has the delusion that
friends are giving him some disease -
that some disease follows him about and
he feels it always about him

(5) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (5)
His mother says he blames them fo
poisoning him by putting things in his
That he threatens sometimes to kill him

Name and Medical Designation, Richard B. Lorrain M.

Place of Abode 16 Castle St Dumfries

DATED this sixth day of August One thousand eight
hundred and eighty eight

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (3) Sheriff Substitute
of the (4) County of Dumfries
having had produced to me, with a Petition at the instance of (5) John A. Carse,
Inspector of Poor Dumfries
Certificates under the hands of Alexander Dalls Macdonald
and Richard B. Rotheram, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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) William Glendinning Newbridge, Dumfriesshire and that the said
William Glendinning 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 William Glendinning 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 William Glendinning which accompanied the said Petition.

DATED this Seventh day of August One thousand eight hundred and eighty eight

David Boyle C. Hope

To the Superintendent of the (9) Asylum of

(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. 5284

William Glendinning

Torregles

Admitted 7th August 1888

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) Mrs Sara Anne Harkness, Widow, residing at Killora, Mallow, County Cork, Ireland humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Florence Law Harkness

(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 Florence Law Harkness to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Sara Anne Harkness

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this tenth (5) day of August One thousand eight hundred and Eighty Eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1	Christian Name and Surname of Patient at length,	Florence Law Harkness
2	Sex and age,	Female 26
3	Married, Single, or Widowed,	Single
4	Condition of Life and previous Occupation (if any),	Church of England & Ireland
5	Religious Persuasion, so far as known,	Killora Mallow, Ireland.
6	Previous place of abode,	Dumfries
7	Place where found and examined,	12 years since first attack.
8	Length of time Insane,	14
9	Whether First Attack,	Private Treatment Co Dublin
10	Age (if known) on First Attack,	by Dr Duncan
11	When and where previously under Examination and treatment,	3 Months
12	Duration of Existing Attack,	Fever
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 her Family known to be or to have been Insane,	Sarah Anne Harkness (Petitioner) is Mother of Florence Law Harkness, Killora, Mallow, Co. Cork, Ireland (the Patient) Only brother is melancholic: one sister weak-minded. There is much insanity on the mother's side.
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 August One thousand eight hundred and Eighty Eight

(To be signed by the Party applying) Sara Anne Harkness

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - -
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - -
16. Has he threatened or attempted violence to others? If so, in what way? - -
17. How long has he been insane? - - -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, James Hunter Dryden being (1) Licentiate of the Royal College of Physicians Edin hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined Miss Florence Law Harkness, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J Hunter Dryden L.R.C.P.E.

DATED this 9th day of August One thousand eight hundred and 88 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 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) 26 Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Miss Florence Law Harkness, 7 Carlisle Terrace, Mitchell Dublin and that the said Miss Florence Harkness 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) She is exceedingly dull and depressed, and will not speak or answer any questions. She has a dull & very stupid look and she sits ~~mechanically~~ in the same spot & takes not notice of anything around

(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 LRCPD

Place of Abode, 26 Castle St Dumfries

DATED this 9th day of August One thousand eight hundred and 88 years

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MEDICAL CERTIFICATE.—No. II.

I the undersigned, Richard B. Lorraine
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Miss Florence Law Harkness 7 Carlisle Terrace Dublin and that the said Florence Law Harkness is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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 dull and listless, wont answer a single question put to her. looks stupid and sits in a chair without taking any notice of what is going on around her. she smiles vacantly and is exceedingly melancholic

(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 CM

Place of Abode, 16 Castle St Dumfries

DATED this Tenth day of August One thousand eight hundred and eighty eight 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.

I, William Young Herries Shortt, Honorary Sheriff [illegible] of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Mrs Sarah Harkness, Widow, Killetra, Mallow, Cor[illegible] Certificates under the hands of James Hunter Dryden and Richard B Forraine, being two Medical Per[illegible] duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care [illegible] Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lun[illegible] Asylums in Scotland," setting forth that they had separately visited and examined [illegible] Florence Law Harkness, Killetra, Mallow, Cork, Petrs Daughter and that the [illegible] Florence Law Harkness 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 Florence Law Harkness as a Patient into [illegible] Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the [illegible] Medical Certificates, and a Statement regarding the said Florence Law Har[illegible] which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Tenth day of August One thousand ei[illegible] hundred and eighty eight years

W H Shortt

To the Medical Superintendent of the Public Crichton Royal Institution, Dumfries.

Name, Florence Law Harkness

Date of Admission, 9th August 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries and Galloway *and his Substitutes,—*

The Petition of Miles Mc Innes, Inspector of Poor, Dumfries.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Smith ——— 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 Sarah Smith —— to the Southern Counties Asylum and to sanction her admission into the said Asylum. Two words delete

(3) State degree of relationship or other quality in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Miles Mc Innes

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Tenth (4) day of August One thousand eight hundred and Eighty Eight 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,	Sarah Smith
Sex and Age,	Female 23 years
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Domestic Servant
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	10 Castle St Dumfries
Place where Found and Examined,	50 50 a month or so
Length of time Insane,	—
Whether First Attack,	no when
Age (if known) on First Attack,	Religious Mania
When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	Yes No yes Sometimes Dumfries 9th August 1888
Duration of Existing Attack,	James Smith, Father.
Supposed Cause,	10 Castle St
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
Date of becoming Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
Special circumstances (if any) preventing the 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 Eight Years

(To be signed by the Party applying) Miles Mc Innes P. F.
Inspector of Poor
Dumfries

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, [illegible] Marshall being a (1) Graduate of the University of Physicians and Surgeons and being in actual practice as a Physician do hereby certify, on soul and conscience, that I have this day, at (3) 10 Carlton Street Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Sarah Smith (a pauper) and that the said Sarah Smith 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 says the Lord Cannot love her but that she is very bad tempered with God owing to her bad treatment of her

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her mother states that the has been very violent for the last 5 days after the has murdering other children

Name and Medical Designation, [illegible] Marshall M.D.

Place of Abode 27 Buccleuch Street Dumfries

DATED this 6th day of August One thousand eight hundred and Eighty eight years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 10 Carlton Street Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Sarah Smith (a pauper) and that the said Sarah 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) Her insane appearance, & rambling abusive conversation delusions regarding her actions towards her parents towards her

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her mother & sister inform me during the last 10 days she has been unusually violent in her actions & abusive in her behaviour towards the household

Name and Medical Designation, John Smith M.D.

Place of Abode 14 Carlton St. Dumfries

DATED this 6th day of August One thousand eight hundred and eighty eight years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Smith.
being (1) a Graduate in Medicine of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) 10 Castle St. Dumfries
in the County of Dumfries, seen and personally examined
Sarah 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.B.C.E.

Dated this 9th day of August One thousand eight hundred and eighty eight year.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Herries Shaw Sheriff Substitute
of the (3) County of Dumfries
having had produced to me, with a Petition at the instance of (4) Miles W. Jones,
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 (5) Sarah Smith 10 Castle Street Dumfries (pauper) and that the said
Sarah Smith is a (6) 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 Sarah Smith as a Patient into the (7) Public Asylum of Southern Counties, Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Sarah Smith which accompanied the said Petition.

Dated this Tenth day of August One thousand eight hundred and Eighty eight years.

To the Superintendent of the (7) Public Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No: 5286.

Sarah Smith

Dumfries

Admitted 9 August 1888

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) Wm Elizabeth Hood, Widow, residing at Dalgiedhup in the Parish of Barr and County aforesaid humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Mary Jane Hood 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 Jane Hood 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.

Sign here X

Elizabeth Hood

(5) The date of the Petition must be within four-teen clear days following the dates of the Medical Certificate.

DATED this tenth (5) day of August One thousand eight hundred and Eighty Eight

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Jane Hood
2. Sex and age,	Female -30.
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Farmers daughter
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	Dalgiedhup, Barr.
7. Place where found and examined,	Portland Barr
8. Length of time Insane,	3 months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and treatment,	18 months since, at home
12. Duration of Existing Attack,	3 months
13. Supposed Cause,	mental 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 the Family known to be or to have been Insane,	Elizabeth Hood - mother Dalgiedhup, Barr. 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 10th day of August One thousand eight hundred and eighty eight.

(To be signed by the Party applying) Elizabeth Hood

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Dalgedbrugh Barr.
2. Character of Education,	Plain sound education
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Melancholy & reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	steady & industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	a Brother eccentric
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	Father Heart disease; Brother Spinal Complaint
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 & 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.?	Yes: want of appetite &c &c.
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	No
13. What changes have taken place in his bodily symptoms?	Better
14. Is he dirty, destructive, untidy, or obscene?	Untidy
15. Has he threatened or attempted violence to himself? If so, in what way?	No
16. Has he threatened or attempted violence to others? If so, in what way?	No
17. How long has he been insane?	3 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, Alex. MacDougall being (1) M. B. & C. M. of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) Foreland Ballantrae in the County of Ayr, seen and personally examined Mary Jane Hood, and that the said person is of unsound mind, and 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. MacDougall M.B.

DATED this 6th day of August One thousand eight hundred and eighty-eight

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Alex MacDougall being a (1) Bachelor of Medicine & Master in Surgery of Glasgow University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day at (3) Foreland Ballantrae Ayr in the County of separately from any other Medical Practitioner, visited and personally examined (4) Mary Jane Hood of Dalgedbrugh Barr and that the said Mary Jane Hood is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is depressed and melancholy; thinks some beast is eating away her inside. Fancys the jugular vein is burst and that she is bleeding to death, does not sleep at night and takes severe turns of weeping; at times she is extremely talkative and harrows night & day on her doubts.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Will not let her friends sleep, going about at night crying — alternated with outbursts of temper. — Mother & Sister

Name and Medical Designation, } Alex MacDougall M.B.B.M.

Place of Abode, Girvan N.B.

DATED this 4th day of August One thousand eight hundred and eighty-eight

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) *State the Facts.*
(7) *State the Information, and from whom derived.*

MEDICAL CERTIFICATE.—No. II.

I the undersigned, William Wallace Fullarton being a (1) Bachelor of Medicine of Glasgow University Licentiate of Faculty of Physicians & Surgeons Glasgow and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Foreland Ballantrae Ayr in the County of separately from any other Medical Practitioner, visited and personally examined (4) Mary Jane Hood and that the said Mary Jane Hood is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She keeps talking continuously of imaginary troubles & subject to fits of weeping — Says that Hood is rushing to head and imagines that it is not possible for her to recover. Has periods of despondancy

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Disturbs people in house when she is boarded by shouting and and prevents them from sleeping at night —

Miss Strachan & Mrs Leckie

Name and Medical Designation, } W. W. Fullarton M.B. L.F.P.&S.

Place of Abode, Ballantrae

DATED this fourth day of August One thousand eight hundred and eighty eight

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) *State the Facts.*
(7) *State the Information, and from whom derived.*

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSI[illegible]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope (1) Sheriff Subst[illegible]
of the (2) County of Dumfries.
having had produced to me, with a Petition at the instance of (3) Mrs Elizabeth [illegible]
residing at Daljedbrugh, in the Parish of Barr, and County [illegible]
Certificates under the hands of Richard B. Lorraine
and Thomas Ferguson, being two Medical Per[illegible]
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care [illegible]
Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lu[illegible]
Asylums in Scotland," setting forth that they had separately visited and examine[illegible]
Mary Jane Hood, Daljedbrugh, Barr, Ayr, Petitioner's Daughter and that the [illegible]
Mary Jane Hood is a (5) person of unsou[illegible]
mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE yo[illegible]
receive the said Mary Jane Hood as a Patient into [illegible]
Crichton Royal Institution for the Insane at Dumfries, and I authorize her [illegible]
Transmission to the said Asylum accordingly; and I transmit you herewith the [illegible]
Medical Certificates, and a Statement regarding the said Mary Jane Hoo[illegible]
which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DAYED this Tenth day of August One thousand e[illegible]
hundred and eighty eight years

David Boyle Ho[illegible]

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Mary Jane Hood

Date of Admission, 10 August 1888

No 5283.

The certificate of Emergency granted by Dr McDougall is the authority on which this lady was detained from the 6th to the 9th August.

9577

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

GENERAL BOARD OF LUNACY 19 AUG 88 SCOTLAND

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Esther Steele being desirous to transfer Margaret Steele my sister at present a Patient in Argyll and Bute Asylum, Lochgilphead, and (¹) whose nearest 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 Margaret Steele 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.

Esther Steele

(²) sister

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Pau this fifth day of August One thousand eight hundred and Eighty Eight years.

STATEMENT.

1.	Christian Name and Surname of Patient at length,	Margaret Steele
2.	Sex and Age,	Female — 36
3.	Married, Single, or Widowed,	Single
4.	Condition of Life, and Previous Occupation (if any),	Gentlewoman
5.	Religious Persuasion, so far as known,	Presbyterian
6.	Date of Admission into Asylum,	8th March 1878
7.	Length of time Insane,	13 to 14 years
8.	Whether first Attack,	Yes
9.	Age (if known) on first Attack,	about 22
10.	Duration of existing Attack,	13 to 14 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,	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,	Esther Steele, sister, chez Madame Robillard Place de Gramont 15 Pau Basses-Pyrénées None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Esther Steele

DATED this fifth day of August One thousand eight hundred and Eighty-Eight 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 John Cameron
being a Doctor of Medicine of Edinburgh University
hereby certify that I have this day at (2) Argyll and Bute Asylum,
personally examined Margaret Steele at present
Patient in said Asylum, and with respect to her Mental State that she is demented
that her memory is much impaired & that she
does not know where she is or how long she has
been here. She imagines she sees her father daily
that he lives at Loch Gilphead and that he owns the
place which are delicious ; and with respect to
Bodily Health and Condition that they are moderate and that she
is recovering from an attack of Erthymia

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

John Cameron M.D.

Dated this First day of August One thousand eight hundred and eighty-eight.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff)

The foregoing Application having been made to the Board to authorize the transfer
Margaret Steele
from Argyll & Bute District Asylum
to Crichton Royal Institution, Dumfries
, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within four days from the date hereof, of the said patient as requested.

John Sibbald Commissioner

Dated at Edinburgh, this 13th day of August one thousand eight hundred and eighty-eight.

Date of Sheriff's Order.—

11th August, 1888

No. 5288.
Margaret Steele
admitted 15 Augt. 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(Sheriff or Steward. Shire or Stewartry.) *Unto the Honourable the* (1) Sheriff — of the ~~of the~~ Dumfries and Galloway — *and his Substitutes,*—

The Petition of Miles Mc Innes, Inspector of Poor, Dumfries,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Anderson or Templeton,

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (2) 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 Janet Anderson or Templeton to the D. & G. Asylum — and to sanction her admission into the said Asylum. Two words delete.

(To be signed by the Party applying) Miles Mc Innes

(3) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 22nd (4) day of August — One thousand eight hundred and Eighty Eight 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,	Janet Anderson or Templeton.
Sex and Age,	Female — 61 years.
Married, Single, or Widowed,	Widow
Condition of Life, and previous Occupation (if any),	— Millworker.
Religious Persuasion, so far as known,	Protestant.
Previous Place of Abode,	Dumfries.
Place where Found and Examined,	Infirmary Dumfries.
Length of time Insane,	A week.
Whether First Attack,	Yes.
1 Age (if known) on First Attack,	—
1 When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	No when.
1 Duration of Existing Attack,	—
1 Supposed Cause,	Not known.
1 Whether subject to Epilepsy,	No.
1 Whether Suicidal,	No.
1 Whether Dangerous to others,	No.
1 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries.
1 Date of becoming Chargeable,	21st August 1888
1 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	None known.
2 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 21st day of August. — One thousand eight hundred and Eighty Eight Years.

(To be signed by the Party applying) Miles Mc Innes
Inspector of Poor
Dumfries

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Marshall,
being a (1) Graduate of the Faculty of Physicians and
Glasgow College of St Andrews
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Royal
Infirmary, Dumfries
Dumfries, in the County of
separately from any other Medical Practitioner
visited and personally examined (4) Janet Anderson or Templeton
a Pauper
and that
the said Janet Anderson or Templeton is a (5) person
of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoh
Seems to fail in answering any ques
imagines that she is in disfavour with her

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her Nurse tells me that she has many
delusions: roams about all night
if possible

Name and Medical Designation, W Marshall MB

Place of Abode, 27 Buccleuch St Dum

Dated this Twenty First day of August One thousand eight
hundred and Eighty Eight 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) Registered in Medicine of Edin
University
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) The Lunatic
Common Asylum Dumfries in the County of
Dumfries
separately from any other Medical Practitioner
visited and personally examined (4) Janet Anderson or Templeton
a Pauper
and that
the said Janet Anderson or Templeton 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) Her stupi
vacant expression, incoherency
& inability to comprehend or ans
questions.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, John Smith M

Place of Abode 14 Castle St Dum

Dated this Twenty first day of August One thousand eight
hundred and eighty eight 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) Graduate of the Faculty of Physician & Surgeons of Glasgow & St Andrews hereby certify, on soul and conscience, that I have this day, at (2) Royal Infirmary, Dumfries, in the County of Dumfries; seen and personally examined Janet Anderson or Templeton, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Marshall M.D.

Dated this 21st day of Aug." One thousand eight hundred and Eighty Eight yrs.

(1) 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) Miles M'James, Inspector of Poor Dumfries, Certificates under the hands of William Marshall, and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Anderson or Templeton Royal Infirmary Dumfries (a Pauper), and that the said Janet Anderson or Templeton, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Anderson or Templeton Patient into the (6) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Anderson or Templeton, which accompanied the said Petition.

Dated this Twenty seven day of August, — One thousand eight hundred and eighty eight.

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.

Janet Anderson or Templeton
Dumfries
Admitted 21 august 1888

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway at — Dumfries — *and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) Maxwell Ryddoch Maxwell Esquire, of the Grove, Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Helen Mathieson, Laundry Maid, The Grove, Dumfries, your Petitioner's (4) Servant,

(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 Helen Mathieson to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

M R H Maxwell

(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 August — One thousand eight hundred and eighty eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Helen Mathieson
2. Sex and age,	Female
3. Married, Single, or Widowed,	Believed to be single
4. Condition of Life and previous Occupation (if any),	Domestic Servant - Laundry Maid
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous place of abode,	at present The Grove Dumfries
7. Place where found and examined,	The Grove Dumfries
8. Length of time Insane,	Cannot say
9. Whether First Attack,	Unknown
10. Age (if known) on First Attack,	Do
11. When and where previously under Examination and treatment,	Cannot answer
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,	Not known
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 yet ascertained
20. Special circumstances (if any) preventing the 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 August One thousand eight hundred and

(To be signed by the Party applying)..... M R H Maxwell

present Employer of

Helen Mathieson

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 Dall MacDonald being (1) Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) The Prov in the County of Kirkcudbright, seen and personally examined Helen Mathieson, and that the said person is of unsound mind, and 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

DATED this 22d day of Augt. One thousand eight hundred and eighty eight.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

, the undersigned, Alexander Dall MacDonald
ing a (1) Graduate of Edinburgh Univ

d being in actual practice as a (2) Physician & surgeon
reby certify, on soul and conscience, that I have this day at (3) The Grove
Kirkpatrick Irongray in the County of
Kirkcudbright separately from any other Medical Practitioner,
sited and personally examined (4) Helen Mathieson
Laundrymaid The Grove and that
e said Helen Mathieson is a (5) person of
unsound mind and a proper person to be detained
der Care and Treatment, and that I have formed this opinion upon the following
ounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) She is excitable. Will answer no question has an insane expression and beats her hands incessantly. is depressed & melancholic

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The other servants tell me she was in this condition for 24 hours and she has been melancholic more or less for months

(7) *State the Information, and from whom derived.*

Name and Medical Designation, A D MacDonald M.D.C.

Place of Abode, 18 Castle St. Dumfries

DATED this 22d day of August One thousand eight
ndred and eighty eight.

MEDICAL CERTIFICATE.—No. II.

, the undersigned, William Smith Kerr
ing a (1) Graduate of Glasgow University

d being in actual practice as a (2) Physician &
reby certify, on soul and conscience, that I have this day, at (3) The Crichton
Royal Institution in the County of
Dumfries. separately from any other Medical Practitioner,
sited and personally examined (4) Helen Mathieson
servant and that
e said Helen Mathieson is a (5) person of
unsound mind and a proper Person to be detained
der Care and Treatment, and that I have formed this opinion upon the following
ounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) She has a peculiar anxious look. Refuses to speak, means continually. Is quite melancholic.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The nurses here say she has continued in the state I describe since she was brought here. She also refuses to take food.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, W. S. Kerr M.D.C.

Place of Abode, Dumfries

DATED this 22nd day of August One thousand eight
ndred and Eighty Eight 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) Maxwell Maxwell, of The Grove, Dumfries, Certificates under the hands of Alexander Dall Mac[illegible] and William Smith Kerr, being two Medical Pe[illegible] duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined [illegible] Mathieson Laundry Maid The Grove Dumfries and that the said Helen Mathieson is a (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 Mathieson 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 Helen Mathieson 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 third day of August, One thousand eight hundred and eighty eight.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Helen Mathieson

Date of Admission, 22 August 1888

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway at Dumfries,
——— *and his Substitutes,*—

(3) Insert Name and Designation.

The Petition of (3) J. H. O. Moore, Solicitor, Lurgan, County Armagh, Ireland

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that John James Moore, Farmer, Lurgan, Co. Armagh, Ireland

(4) State degree of Relationship, or other capacity which Petitioner stands 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 James Moore to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

J. H. O. Moore

(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 August — One thousand eight hundred and eighty eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	John James Moore
Sex and age,	Male. 46 years.
Married, Single, or Widowed,	Single
Condition of Life and previous Occupation (if any),	Farmer: Postmaster of Post Office
Religious Persuasion, so far as known,	Presbyterian.
Previous place of abode,	Lurgan. County Armagh.
Place where found and examined,	Lurgan
Length of time Insane,	From about May last.
Whether First Attack,	First attack.
11 Age (if known) on First Attack,	46 years.
12 When and where previously under Examination and treatment,	Now in Armagh Asylum having been sent there about 14 Days ago.
13 Duration of Existing Attack,	Since May
14 Supposed Cause,	Indulgence in strong liquors & Appropriation of money belonging.
15 Whether subject to Epilepsy,	No.
16 Whether Suicidal,	No.
17 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,	W. H. O. Moore, Lurgan. 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 fourth day of August — One thousand eight hundred and eighty eight

(To be signed by the Party applying) J. H. O. Moore

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Durgan
2. Character of Education,	Fair general educa
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful: frank
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Latterly unsettled & unindu
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	last Feb. May last: has delusion Gen. richer, & great loss of strength powers. Mr has twice once b began:
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	No.
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	Father died at 88 Mother died at 76. Nothing hereditary Mentia.
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.?	Elevation. Fancies about and of other matters.
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.?	some sleeplessness.
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	None
13. What changes have taken place in his bodily symptoms?	None.
14. Is he dirty, destructive, untidy, or obscene?	No: at first he was [illegible] neglectful of the offices 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?	Since about Sept

1888

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, Fred. H. Clarke, being (1) Bachelor of Medicine & Master of Surgery, hereby certify, on soul and conscience, that I have this day, at (2) Railway Station, in the County of Dumfries, seen and personally examined John James Rebore, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Fred. H. Clarke.

DATED this 22nd day of August One thousand eight hundred and Eighty Eight

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Frederick Hugh Clarke
being a (1) Bachelor of Medicine & Master in 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) Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John James Moore, Farmer, Ireland, and that the said John James Moore is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Fancies he is able to do all manner of impossible things, possesses untold wealth, and is deprave, continually in Conversation

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, Fred H Clarke MB. CM.

Place of Abode, 29 Castle Street Dumfries.

DATED this twenty third day of August One thousand eight hundred and Eighty Eight.

MEDICAL CERTIFICATE.—No. II.

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) the Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John James Moore, Farmer from Ireland and that the said John James Moore is a (5) person of unsound mind and a proper Person to be detained 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 full of delusions, about buying whole fleet of Ships & about being the greatest and richest man in the world. He is very restless.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Dr Black, Asst Med Off. here tells me Mr Moore is in a state of mental Prostration, and can only speak of his delusions.

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or 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 23rd day of August One thousand eight hundred and Eighty Eight years.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMIS[SION]
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) W. H. D. Moore Solicitor Lurgan, County Armagh, Ireland — Certificates under the hands of Frederick Hugh Clarke and William Smith Kerr —, being two Medical P[ractitioners] duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Moore Farmer, Lurgan, County Armagh, Ireland (Elder Brother) and that the said John James Moore is a (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 James Moore, as a Patient in the Crichton Royal Institution for the Insane at Dumfries, and I authorize him Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John James Moore 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 August, One thousand eight hundred and Eighty eight years.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, John James Moore.

Date of Admission, 22 August 1888.

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway, at Dumfries,

——— *and his Substitutes,*—

(3) Insert Name and Designation.

The Petition of (3) Richard Frederic Ringwood, Barrister, of Deans Grange, Foxrock, County Dublin,
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that John Ernest Ringwood, Schoolmaster, Dungannon, County Tyrone, Ireland,
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 Ernest Ringwood, 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.

Richard Frederic Ringwood.

(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 August, — One thousand eight hundred and eighty eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1	Christian Name and Surname of Patient at length,	John Ernest Ringwood.
2	Sex and age,	Male. 33 years.
3	Married, Single, or Widowed,	Single
4	Condition of Life and previous Occupation (if any),	Schoolmaster
5	Religious Persuasion, so far as known,	Protestant Episcopalian
6	Previous place of abode,	Dungannon Co Tyrone
7	Place where found and examined,	
8	Length of time Insane,	two years.
9	Whether First Attack,	No
10	Age (if known) on First Attack,	36 years
11	When and where previously under Examination and treatment,	Bethlem Royal Hospital three months
12	Duration of Existing Attack,	
13	Supposed Cause,	
14	Whether subject to Epilepsy,	No
15	Whether Suicidal,	No
16	Whether Dangerous to others,	No
17	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18	Date of becoming Chargeable,	—
19	Christian Name and Surname, and Place of Abode of nearest known 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 J. A. Ringwood L.L.D. Royal School Dungannon Co Tyrone.
20	Special circumstances (if any) preventing the 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 August — One thousand eight hundred and eighty eight.

(To be signed by the Party applying) Richard Frederic Ringwood.
Deans Grange.
Foxrock.
Co. Dublin.

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -)
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - -)
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - -)
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -)
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? - - -)
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -)
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - -)
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - -)
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? -)
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - -)
13. What changes have taken place in his bodily symptoms? - - - - -)
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - -)
16. Has he threatened or attempted violence to others? If so, in what way? - -)
17. How long has he been insane? - - -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, James Hunter Dryden
being (1) Licentiate of the College of Surgeons of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries
in the County of Dumfries, seen and personally examined
John Ernest Kingwood; and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J. Hunter Dryden L.R.C.P. 1882

DATED this 24th day of August One thousand eight hundred and eighty ~~seven~~ eight years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE—No. I.

I, the undersigned, Frederick Hugh Clarke, being a (1) Graduate in Medicine, of Glasgow University and being in actual practice as a (2) physician and Surgeon, hereby certify, on soul and conscience, that I have this day at (3) Railway Station, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Ernest Ringwood. School master. Ireland and that the said John Ernest Ringwood is a (5) person of unsound mind. 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.*

States that he crossed from Australia this morning
Imagines that he is in danger from Irish Home Rulers.
and receives mysterious warnings of his danger
Conversation very incoherent —

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

His Brother Richard Frederick Ringwood Esq.
informs me that he has delusions about
being attacked by the Home-Rule party in
Ireland.

Name and Medical Designation, Fred. H. Clarke

Place of Abode, 29 Castle Street, Dumfries,

DATED this twenty-fourth day of August One thousand eight hundred and eighty eight

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MEDICAL CERTIFICATE—No. II.

I, the undersigned, James Hunter Dryden 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) Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Ernest Ringwood, schoolmaster, of Drumgannon, Co. Tyrone, and that the said John Ernest Ringwood is a (5) person of unsound mind 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 incoherent and confused in his ideas. He says that he is in great danger being assassinated by Fenians He also states that he is constantly receiving messages warning him of the danger &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 M.R.C.S. 1872

Place of Abode, 26 Castle Street, Dumfries

DATED this 24th day of Aug. One thousand eight hundred and 88 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) Richard Frewin Barrister, of Deans Grange, Torrock, County Dublin Certificates under the hands of James Hunter Dryden 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) John Ernest Ringwood Schoolmaster Dunganon County Tyrone in Ireland (Petitioner's Brother) and that the said John Ernest Ringwood is a (5) person of unsound mind

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Ernest Ringwood as a Patient in the Crichton Royal Institution for the Insane at Dumfries, and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Ernest Ringwood which accompanied the said Petition.

DATED this Twenty fourth day of August, One thousand eight hundred and eighty eight

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 3202.

Name, John Ernest Ringwood

Date of Admission, 24 August 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the~~ (2) Shire of Dumfries ~~Galloway~~ *and his Substitutes,*—

The Petition of Alexander McGeachan, (Inspector of Poor), Lochmaben, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Wells, your Petitioner's (3) Poor 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 Sarah Wells to the Southern Counties Asylum, and to sanction Her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) Alexander McGeachan Inspector of Poor

DATED this 25th (4) day of August, One thousand eight hundred and 88.

(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,	Sarah Wells.
2. Sex and Age,	Female. 44 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,	Lochmaben.
8. Length of time Insane,	has been about 9 months unsettled
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	44 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	✓
12. Duration of Existing Attack,	9 months gradually getting worse
13. Supposed Cause,	Insanity in Family
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,	25th August 1888.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary Wells Sister, Castle St Lochmaben. Robert and Harriet (both in 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 25th day of August One thousand eight hundred and

(*To be signed by the Party applying*) Alexander 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) Doctor of Medicine of Glasgow University
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 8 Castle Street
Lochmaben in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Sarah Wells, 8 Castle St. Lochmaben
pauper and that
the said Sarah Wells is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, 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 in a [illegible] incoherent way. says she cannot get sleeping at night for noises and [illegible] mills working over her head. She says that they send rats and other things [illegible] annoy her and that she hears voices whispering and speaking about her [illegible] 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)
Her sister Miss Mary Wells says that she got so noisy and threatening violence at night that she had to leave the house. She talks [illegible] worms and bowns and fears at her dress, so that the neighbours are alarmed and frightened

Name and Medical Designation, Thomas Reid. M.D.

Place of Abode, Lochmaben

DATED this 25th day of August, One thousand eight hundred and eighty-eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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
do hereby certify, on soul and conscience, that I have this day, at (3) The Dumfries Counties Asylum in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Sarah Wells
Lochmaben, a pauper and that
the said Sarah Wells is a (5) person of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks in an incoherent manner about hearing noises of various kinds, and also people tattering when there is no one present. The noises complained of cannot be heard by others.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
There is a marked history of [illegible] in the family — one brother and one sister being patients in this Asylum

Name and Medical Designation, Alex Thomson. M.D.

Place of Abode, Castle St. Dumfries

DATED this Twenty fifth day of August, One thousand eight hundred and eighty-eight 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, Norman Reid
being (1) a Doctor of Medicine of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) 8 Castle St. Lochmaben
in the County of Dumfries, seen and personally examined Sarah Wells pauper. Castle St. Lochmaben, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Norman Reid M.D.

DATED this 25th day of August, One thousand eight hundred and eighty eight.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Herries Sheriff Honorary Sheriff Substitute
of the (3) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Alexander McGeachan Inspector of Poor, Lochmaben
Certificates under the hands of Thomas Reid
and Alexander Thomson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Sarah Wells, 8 Castle Street, Lochmaben (a Pauper) and that the said Sarah Wells is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Sarah Wells as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Sarah Wells, which accompanied the said Petition.

DATED this Twenty seventh day of August, One thousand eight hundred and eighty eight.

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.

~~David [illegible]~~

~~Stranraer~~

~~Admitted 27 August 1888~~

[illegible]

Lochmaben

Admitted 25 Augt. 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) 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 Leswalt humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David McKnight, Labourer —— 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 McKnight 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.

R H Bradford

DATED this 27th (4) day of August One thousand eight hundred and Eighty Eight

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	David McKnight
Sex and Age,	Male - 45 Years.
Married, Single, or Widowed,	Widower
Condition of Life, and previous Occupation (if any),	Agricultural Labourer
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Glenstockadale. Leswalt
Place where Found and Examined,	Stranraer
Length of time Insane,	about two months
Whether First Attack,	yes
1 Age (if known) on First Attack,	45
1 When and where previously under Examination and Treatment,	was in Asylum in June last
1 Duration of Existing Attack,	never wholly recovered
1 Supposed Cause,	not known
1 Whether subject to Epilepsy,	no
1 Whether Suicidal,	no
1 Whether Dangerous to others,	no
1 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Leswalt
1 Date of becoming Chargeable,	16th June 1888
1 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Barbara McKnight, Glenstockadale Daughter
2 Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 27th day of August One thousand eight hundred and Eighty Eight

(*To be signed by Party applying*) R H Bradford

P. p.

Stranraer Admitted 27 August 1888

Stranraer Admitted 25 Aug. 1888

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Clarke being a (1) Graduate in Medicine of Glasgow Un

and being in actual practice as a (2) Genral Practitioner hereby certify, on soul and conscience, that I have this day, at (3) 29 Castle Str Dumfries. in the Cou Dumfries. separately from any other Medical Practit visited and personally examined (4) David Macknight, La

the said David Macknight an is a (5) Person of unsound mind, and a proper Person to be de under Care and Treatment, and that I have formed this opinion upon the foll grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
His restless, excited manner and appear When Questioned, his answers in no way upon the subjects asked about. Possesses enormous wealth, and is capable

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mr. John Fisher, Hairdresser, 31 Queen St. states that he imagines himself marrying Master's daughter today, and numerous similar ideas.

Name and Medical Designation, Fred. H. Clarke.

Place of Abode, 29 Castle Street Dumfries

DATED this Fourth Seventh day of August One thousand ei hundred and Eighty Eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Licentiate of Royal being a (1) of Physicians Edinburgh &c

and being in actual practice as a (2) ~~Practitioner in~~ General Practitio hereby certify, on soul and conscience, that I ~~have this day, at~~ (3) Examined David Mac Knight of Kenstrachadale in the Coun Inglewood separately from any other Medical Practitio visited and personally examined (4) David Mc Knight labou and

the said David Mc Knight is a (5) person of unsound mind and a proper person to be det under Care and Treatment, and that I have formed this opinion upon the follo grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) That he is of an irri nature, is nicolcank in his language &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His Master Mr Riggans says that McKnight was imagining all sorts of things – that he was &c &c

Name and Medical Designation, Hugh Cochrane Cand. Ed. 1884

Place of Abode Inglewood

DATED this 6th day of August One thousand ei hundred and Eighty Eight 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, Frederick Hugh Clarke, being (1) Graduate in Medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) 24 Castle Street Dumfries in the County of Dumfries, seen and personally examined David Macknight, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Dated this Fourth day of August One thousand eight hundred and Eighty Eight.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Gordon (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, Parish of Leswalt Certificates under the hands of Frederick Hugh Clarke Doctor of Medicine Dumfries and Hugh Cochrane, Surgeon, Dumfries, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) David McKnight Labourer, a pauper and that the said David McKnight — is a (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 McKnight as a Patient into the (6) Public Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David McKnight which accompanied the said Petition.

Dated this Twenty seventh day of August — One thousand eight hundred and eighty eight years.

John Gordon

To the Superintendent of the (7) Southern Counties Public Asylum of Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

David McKnight
Leswalt

admitted 27th Augt 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Lanark and his Substitutes—

The Petition of John Miller Inspector of poor Dalziel Parish

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Templeton or Cunningham Housewife 101 Merry st Motherwell 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 Templeton or Cunningham to the Creighton Institution near 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 Miller Inspector

DATED this Twenty Seventh (4) day of August One thousand eight hundred and Eighty eight

(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 Templeton or Cunningham
2 Sex and Age,	— Female 26 -
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,	— 101 Merry st Motherwell
7 Place where Found and Examined,	— Do Do Do
8 Length of time Insane,	— about 14 days
9 Whether First Attack,	— yes - 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,	— cant 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,	Dalziel at present
18 Date of becoming Chargeable,	— 27 augst 1888
19 Christian Name and Surname, and Place of Abode of nearest known 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 Cunningham Husband who lives with her none Known
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty Seventh day of August — — — — One thousand eight hundred and Eighty eight

(*To be signed by Party applying*) John Miller Inspr

P. P. Dalziel Parish

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Russell Moffat being a (1) Licentiate of the Faculty of Physicians and Surgeons & and a Licentiate of the Royal College of Physicians, Edinburgh, and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 101 Merry Street Motherwell, in the County of Lanark, separately from any other Medical Practitioner visited and personally examined (4) Margaret Templeton or Cunningham a pauper, residing at 101 Merry Street, Motherwell and that the said Margaret Templeton or Cunningham is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 incoherent conversation. That animals are within her; in the bed &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her Husband states that she has to be carefully watched and that she thinks that she is continually being bitten by mice in the bed, and also surrounded by animals of various kinds

Name and Medical Designation, A Russell Moffat L.R.C.P. L.R.C.S.

Place of Abode, Motherwell.

DATED this 27th day of August One thousand eight hundred and 88.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Peter Caldwell Smith being a (1) Doctor of Medicine of the 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) 101 Merry Street Motherwell Lanark in the County of separately from any other Medical Practitioner visited and personally examined (4) Margaret Templeton or Cunningham a pauper residing at 101 Merry St Motherwell and that the said Margaret Templeton or Cunningham is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 & violent expression. Wrought upon delusions incoherent. Imagines she is surrounded by animals.

(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 she has to be watched. That she thinks the house is falling & that she is being taken away. Last week she locked up the house. She being visited & husband had to open the door. She takes no interest in the house & is always in bed. She was not so. Her husband has corroborates the above & says she eats out all her food saying it is dirty.

Name and Medical Designation, P Caldwell Smith M.D. Edin.

Place of Abode Coltness Iron Works

DATED this 27th day of August One thousand eight hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Black Leslie Bonnie Esquire Advocate Sheriff Substitute
of the (2) County of Lanark
having had produced to me, with a Petition at the instance of (3) John Miller Inspector of Poor Dalziel Parish
Certificates under the hands of A Gwodie Moffat LRCP &c
and P. Caldwell Smith M.A.M.D. , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Templeton or Cunningham Housewife 101 Merry St Motherwell a pauper and that the said Margaret Templeton or Cunningham is a (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 Templeton or Cunningham as a Patient into the (6) Crighton Institution ~~Asylum of~~ near 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 Margaret Templeton or Cunningham which accompanied the said Petition.

DATED this twenty eighth day of August One thousand eight hundred and eighty eight

[signature]

To the Superintendent of the (7) Crighton Institution ~~Asylum of~~ near Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

Margaret Templeton
of Cunninghame
(Dalziel)
Admitted 28 August 1888

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of (2) Dumfries & Galloway, *and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) Joseph McKean, Wanlockhead, Sanquhar, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that William McKean Wanlockhead, Sanquhar, 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 Wm McKean Wanlockhead, Sanquhar 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.

Joseph McKean ×

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this Twenty eighth (5) day of August — One thousand eight hundred and eighty eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William McKean.
2. Sex and age,	male. 42 years.
3. Married, Single, or Widowed,	married. (?)
4. Condition of Life and previous Occupation (if any),	formerly Hotel Keeper.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous place of abode,	Sanquhar.
7. Place where found and examined,	Wanlockhead, Sanquhar.
8. Length of time Insane,	2 months.
9. Whether First Attack,	First
10. Age (if known) on First Attack,	42 years.
11. When and where previously under Examination and treatment,	Not known till once he came to Wanlockhead
12. Duration of Existing Attack,	2 months.
13. Supposed Cause,	Family affliction with his wife
14. Whether subject to Epilepsy,	— — Nor.
15. Whether Suicidal,	— — Nor
16. Whether Dangerous to others,	— yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	none.
18. Date of becoming Chargeable,	× Mc ×
19. Christian Name and Surname, and Place of Abode of nearest known 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 Kean, Wanlockhead Father ~~[illegible]~~ & Joseph McKean Wanlockhead Sanquhar (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 twenty eighth day of August One thousand eight hundred and eighty eight

(To be signed by the Party applying) Joseph McKean ×

(Dalgiel)
Admitted 28 August 1888

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Leadhile
2. Character of Education,	Good. Cheerful & Frank.
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Habits Steady but Court. [illegible] Drink
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?	Never been Insane
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, [illegible] Three Brothers alive, [illegible] died with Tifoid Fever
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Family Affection with [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.?	Depressions & 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.?	No
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Gradually worse
13. What changes have taken place in his bodily symptoms?	None
14. Is he dirty, destructive, untidy, or obscene?	Destructive
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 to day four Men [illegible] to hold him
17. How long has he been insane?	2 Months

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, John Wilson, being (1) Physician and Surgeon, hereby certify, on soul and conscience, that I have this day, at (2) Wanlockhead, in the County of Dumfries, seen and personally examined William McKean, and that the said person is of unsound mind, and 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 Wilson

DATED this 28th day of August One thousand eight hundred and eighty eight.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I the undersigned, John Wilson L.R.C.S. L.R.C.P.&c
being a (1) Physician and Surgeon,
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day at (3) Wanlockhead
in the County of Dumfries, separately from any other Medical Practitioner,
visited and personally examined (4) Wm. Mc Kean no occupation
residing at Wanlockhead, and that
the said William Mc Kean is a (5) person of
unsound mind 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 of spirits Latterly he was nine or ten months Boarding from
Kirkpatrick writing me letters without sense or meaning making enemies
himself, very irritable with his parents. ×

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
very insolent and howling at the highest
pitch of his voice.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, John Wilson L.R.C.S.&L.R.C.P.&c

Place of Abode, Wanlockhead

DATED this twenty eighth day of August One thousand eight hundred and eighty eight.

MEDICAL CERTIFICATE.—No. II.

I the undersigned, Charles C. Teacher,
being a (1) M. B. & M.
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Wanlockhead
in the County of Dumfries, separately from any other Medical Practitioner,
visited and personally examined (4) William Mc Kean,
and that
the said William Mc Kean is a (5) person
of unsound mind 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)
Lowness of spirits & delusions. Inability to converse rationally.
Wildness & restlessness of manner. Sleeplessness. Irritability
towards relations. ×

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Violence of conduct. Absurd letters written to various people.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Charles C. Teacher. M.B. & M.

Place of Abode, 5 Newington Rd. Edinburgh

DATED this twenty eighth day of August One thousand eight hundred and eighty eight.

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 Norris Scott, Honorary Sheriff of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Joseph Rawlinshead, Langholm Certificates under the hands of John Wilson and Charles G. Teacher, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McKean, Rawlinshead, Langholm, and that the said William McKean is a (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 McKean as a Patient in the Crichton Royal Institution for the Insane at Dumfries, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William McKean 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 August, One thousand eight hundred and eighty eight.

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

W. H. Scott

Name, William McKean
Date of Admission, 30th August 88

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 & Galloway ~~of Haddington~~ *and his Substitutes,—*

The Petition of Rev. George Clazy, Eccleston, Paisley.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Shaw Orr Clazy or McEwan, 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 Agnes Shaw Orr Clazy or McEwan, 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.

George Clazy

(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 eight 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 Shaw Orr Clazy or McEwan
2	Sex and Age,	Female. aged 29.
3	Married, Single, or Widowed,	Married.
4	Condition of Life, and previous Occupation (if any),	Wife of medical man.
5	Religious Persuasion, so far as known,	Protestant.
6	Previous Place of Abode,	5 Walford Lodge, Prestonpans.
7	Place where Found and Examined,	Walford Lodge, Prestonpans.
8	Length of time Insane,	5 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,	5 months
13	Supposed Cause,	(?) Menorrhagia)
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,	Father is Rev. George Clazy, Eccleston, Paisley. One aunt suffered for four months from religious melancholia.
20	Special circumstances (if any) preventing the 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 eight years.

(*To be signed by Party applying*) George Clazy

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *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 Stedman Gaire being a (1) Doctor of Medicine of Edinburgh and being in actual practice as a (2) Physician, hereby certify, on soul and conscience, that I have this day, at (3) Walford Lodge. Prestonpans, in the County of Haddington separately from any other Medical Practitioner visited and personally examined (4) Agnes Steven or Clazy or Mc. Ewan and that the said Agnes Steven or Clazy or Mc. Ewan is a (5) Person of unsound mind, and a proper Person to be detained 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 admits that she has attempted to commit suicide by drowning and says that it would be a good riddance to her friends if she had accomplished it.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Husband Dr Mc. Ewan tells me that she has on several occasions shown suicidal tendencies, that she has lately been in a state of marked distrust of her relations and friends.

Name and Medical Designation, James Stedman Gaire

Place of Abode, Musselburgh

DATED this twenty eighth day of August, One thousand eight hundred and eighty eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *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 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) Crichton Royal Institution, Dumfries, in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Agnes Steven or Clazy or Mc. Ewan, of Walford Lodge, Prestonpans. and that the said Agnes S. C. Mc. Ewan is a (5) person of unsound mind and a proper person to be detained 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 much depressed and melancholic and thinks suicidal. She tells me that she feels that her friends would be glad to get rid of her and that she has been urging her husband to commit suicide.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, J. Hunter Dryden

Place of Abode Dr Castle Street Dumfries

DATED this 28th day of August, One thousand eight hundred and eighty eight 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 Stedman Craigie, being (1) a Doctor of Medicine hereby certify, on soul and conscience, that I have this day, at (2) Walford Lodge Prestonpans in the County of Haddington seen and personally examined Agnes Steven Orr Clazy or McEwan, and that the said person is of unsound mind, and 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 Stedman Craigie M.D.

DATED this twenty eighth day of August One thousand eight hundred and eighty eight.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, 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) The Reverend George Clazy, Ecclestown, Paisley, Certificates under the hands of James Stedman Craigie, 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) Agnes Steven Orr Clazy or McEwan, Walford Lodge, Prestonpans (Sister's Daughter) and that the said Agnes Steven Orr Clazy or McEwan, is a (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 Steven Orr Clazy or McEwen, 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 Steven Orr Clazy or McEwen, which accompanied the said Petition.

DATED this Thirty first day of August, One thousand eight hundred and eighty eight years.

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution 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.

[illegible]

blazy or McEwan

admitted 29th August 1888

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) Robert Hugh Bradford, Inspector of Poor of Leswalt Stranraer.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that David McKnight, Labourer.

(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 David McKnight, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

R H Bradford

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this Thirtieth (5) day of August, One thousand eight hundred and eighty eight 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,	David McKnight.
Sex and age,	Male - 45 years.
Married, Single, or Widowed,	Widower.
Condition of Life and previous Occupation (if any),	Agricultural Labourer.
Religious Persuasion, so far as known,	Protestant.
Previous place of abode,	Glenstockadale, Leswalt.
Place where found and examined,	Found at Stranraer, examined at Dumfries.
Length of time Insane,	about two months
Whether First Attack,	yes.
Age (if known) on First Attack,	45 years.
When and where previously under Examination and treatment,	Crichton Royal Institution from 16th June last.
Duration of Existing Attack,	Not Known
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,	Leswalt
Date of becoming Chargeable,	16 June 1888.
Christian Name 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,	Barbara McKnight, Glenstockadale, daughter.
Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Thirtieth day of August, One thousand eight hundred and eighty eight years.

(To be signed by the Party applying). R H Bradford

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - - Kirkcudbrightshire
2. Character of Education, - - - - - ignorant
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - - assumes cheerfulness but
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 16th June last
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - - no
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? - his wife died about 9 months ago after a long illness
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - - his eldest daughter was confined lying in early in Consequence of her delicate state of health
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - - forgetfulness - doing wrong things at work
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 bodily Complaints of any kind Mental Complaints about 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? - 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? - - - - before

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, Frederick Hugh Clarke being (1) Graduate in Medicine of Glasgow University, hereby certify, on soul and conscience, that I have this day, at (2) 29 Castle Street in the County of Dumfries, seen and personally examined David MacKnight, Labourer, 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.

Fred: Hugh Clarke

DATED this 30th day of August One thousand eight hundred and eighty eight.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I the undersigned, William Smith Kerr, being a (1) Graduate in Medicine of Glasgow University, all being in actual practice as a (2) Physician, hereby certify, on soul and conscience, that I have this day at (3) 29 Castle Street Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) David Macknight, Labourer a Pauper, and that the said David Macknight is a (5) Person of unsound mind, 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 excited, restless. Talks incoherently. Is full of delusions especially about his great wealth.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

The attendants say he is very disturbed restless and sleepless.

Name and Medical Designation, W. S. Kerr M.B. C.M.

Place of Abode, Dumfries

DATED this 30th day of August One thousand eight hundred and Eighty Seven years.

MEDICAL CERTIFICATE.—No. II.

I the undersigned, Frederick Hugh Clarke. being a (1) Graduate in Medicine of Glasgow University, all being in actual practice as a (2) General Practitioner, hereby certify, on soul and conscience, that I have this day, at (3) 29 Castle Street Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) David Macknight, Labourer Pauper, and that the said David Macknight is a (5) Person of unsound mind, 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 restless excited manner and appearance. When questioned his answers in no way bear on the subjects asked about. Says he possesses enormous wealth and is capable of gigantic physical powers.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Mr John Fisher Hairdresser, 31 Queen Street Stranraer, has informed me that he imagines himself married his master's daughter, and numerous other similar ideas.

Name and Medical Designation, Frederick Hugh Clarke. M.B. C.M.

Place of Abode, 29 Castle Street Dumfries.

DATED this Thirtieth day of August, One thousand eight hundred and Eighty Eight.

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 Sloatt, Honorary Sheriff of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert Bradford Inspector of Poor, Leswalt, Certificates under the hands of William Smith Kerr and Frederick Hugh Clarke, being two Medical Pe duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lu Asylums in Scotland," setting forth that they had separately visited and examined M'Knight Labourer Glenstockadale, Leswalt and that the David M'Knight 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 David M'Knight, as a Patient into Crichton Royal Institution for the Insane at Dumfries, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the Medical Certificates, and a Statement regarding the said David M'Knight which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.

DATED this First day of September One thousand e hundred and eighty eight.

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

B H Sloatt

Name, David McKnight (Leswalt)

Date of Admission, 30 August 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the (2) Shire~~ *of* Dumfries & Galloway *and his Substitutes,*—

The Petition of Archibald Dempster, Inspector of Poor, City Parish Glasgow.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Ferguson or McLellan, Pauper, ~~your Petitioner's~~ (3) residing at 17 Garden Street, Glasgow, - presently chargeable to said 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 Margaret Ferguson or McLellan, —to the Crichton Royal Asylum, Dumfries, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) A. Dempster

(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 August, One thousand eight hundred and 88.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Ferguson or McLellan.
2. Sex and Age,	Female, 46 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,	17 Garden Street, Glasgow.
7. Place where Found and Examined,	17 Garden Street, Glasgow.
8. Length of time Insane,	One week.
9. Whether First Attack,	No.
10. Age (if known) on First Attack,	46 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	July 1888. - In Woodilee Asylum.
12. Duration of Existing Attack,	One week.
13. Supposed Cause,	Unknown.
14. Whether subject to Epilepsy,	Unknown.
15. Whether Suicidal,	Unknown.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish Glasgow.
18. Date of becoming Chargeable,	31st August 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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, Malcolm McLellan, resides at Milngavie.
20. Special circumstances (if any) preventing the 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 August, One thousand eight hundred and 88.

(*To be signed by the Party applying*) A. Dempster

P. P.

Inspector of Poor, City Parish, 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, Malcolm Black M.D. being a (1) Doctor of Medicine of Glasgow University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 17 Garden Street, Glasgow, in the County of Lanark, separately from any other Medical Practitioner visited and personally examined (4) Margaret Ferguson or McLellan, Housewife residing at 17 Garden St, Pinkston and the said Margaret Ferguson McLellan, is a (5) an insane person, and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks and declames continually utterly incoherent nonsense of a religious character.

(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 has been raving in the above manner for a week, and that she does not sleep.

Name and Medical Designation, Malcolm Black M.D.

Place of Abode 5 Canning Place Glasgow

DATED this 30th day of August, One thousand eight hundred and 88.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 University, and being in actual practice as a (2) Physician, do hereby certify, on soul and conscience, that I have this day, at (3) 17 Garden Street Glasgow in the County of Lanark separately from any other Medical Practitioner visited and personally examined (4) Margaret Ferguson or McLellan Housewife, residing at 17 Garden St, Glasgow, and the said Margaret Ferguson McLellan 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 incessantly and incoherently; fancies she saw visions of angels & that she heard God speaking to her; etc.; is maniacal.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She has been talking nonsense, restless and excited for the last four days — night and day. Information from her mother.

Name and Medical Designation, Alex Robertson M.D.

Place of Abode 16 Newton Terrace, Glasgow

DATED this 31st day of August, One thousand eight hundred and 88.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Malcolm Black
being (1) M. D. of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) 17 Garden to Glasgow,
in the County of Lanark, seen and personally examined
Margaret Ferguson McLellan, 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.

Malcolm Black M.D.

DATED this 30th day of August, One thousand eight hundred and 88.

(1) 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, Honorary Sheriff-Substitute,
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Archibald Dempster,
Inspector of Poor City Parish Glasgow
Certificates under the hands of Malcolm Black
and Alexander Robertson, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Ferguson or McLellan, 17 Garden Street, Glasgow, (a Pauper) and that the said Margaret Ferguson or McLellan, 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 Margaret Ferguson or McLellan 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 Ferguson or McLellan, which accompanied the said Petition.

DATED this First day of September One thousand eight hundred and eighty eight.

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. 5299.

Margaret Ferguson — or
McLellan
City Parish. Glasgow.

Admitted 31 August 1888

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 Denation.

The Petition of (3) James M. Irvine, Montgomery Lodge, Ayr

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Elizabeth Irvine, Montgomery Lodge, Ayr, ———

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) Sister, ———

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Irvine ——— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction 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.

James M. Irvine

DATED this 5th (5) day of April One thousand eight hundred and 88.

L. M. S.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Elizabeth Irvine
Sex and age,	Female. 43 years.
Married, Single, or Widowed,	Single.
Condition of Life and previous Occupation (if any),	No occupation.
Religious Persuasion, so far as known,	Protestant.
Previous place of abode,	Montgomery Lodge, Ayr.
Place where found and examined,	Ayr. Examined at Ayr & Dumfries.
Length of time Insane,	
Whether First Attack,	Second attack.
Age (if known) on First Attack,	43 years.
When and where previously under Examination and treatment,	From 3 Decer. 1887 to 28 April 1888 at Crichton Royal Institution, Dumfries.
Duration of Existing Attack,	About a months
Supposed Cause,	
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	Yes.
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
Date of becoming Chargeable,	—
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	James M. Irvine, Montgomery Lodge, Ayr. Brother, None.
Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 5th day of April One thousand eight hundred and 88.

L. M. S.

(To be signed by the Party applying) James M. Irvine

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, George McKerrow being (1) M.B. & C.M. of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) Montgomery Line in the County of Ayr seen and personally examined Chg. Irvine. Dalmellington Road. Ayr —, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Geo. McKerrow

DATED this fourth day of September One thousand eight hundred and eighty-eight -

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

, the undersigned, George McKerrow
ing a (1) M.B. C.M. of Glasgow University,

d being in actual practice as a (2) Physician
reby certify, on soul and conscience, that I have this day at (3) Montgomery Lodge, Dalmellington Road Ayr in the County of Ayr separately from any other Medical Practitioner, sited and personally examined (4) Elizabeth Irvine, Montgomery Lodge, Dalmellington Road, Ayr and that e said Eliz. Irvine is of unsound mind is a (5) and a proper person to be detained nder Care and Treatment, and that I have formed this opinion upon the following ounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) — (6) *State the Facts.*

A complete change of character with entire absence of a sense of responsibility - Has delusions that her brother and friends are conspiring against her - that they have ruined her character & treated her with inhumanity etc.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) — (7) *State the Information, and from whom derived.*

Her brother states that he is afraid, almost, to have her in the house, as she has taken to burning part of her clothing to the risk of the House and its inmates. That she puts all that she can get down the closet pipe etc.

Name and Medical Designation, George McKerrow M.B. C.M.

Place of Abode, 7 Barns St. Ayr

DATED this Fourth day of September One thousand eight undred and eighty-eight.

MEDICAL CERTIFICATE.—No. II.

, the undersigned, Frederick Hugh Clarke
ing a (1) Graduate in Medicine of Glasgow University

d being in actual practice as a (2) physician and Surgeon
reby 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, sited and personally examined (4) Elizabeth Irvine, Montgomery Lodge, Dalmellington Road, Ayr, and that e said Elizabeth Irvine, is a (5) person of unsound mind and a proper Person to be detained nder Care and Treatment, and that I have formed this opinion upon the following ounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) — (6) *State the Facts.*

She is extremely reticent about herself, but admits hearing voices, suggesting evil to her of all kinds. She imagines herself so weak that she requires almost constant feeding.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) — (7) *State the Information, and from whom derived.*

Communicated by Miss Mitchell, Crichton Institution Talks to, and holds long conversations with, imaginary people - Wishes to change all her clothes several times a day and would like to burn them on account of them being dirty. Says she is so weak that she requires nourishment every half hour.

Name and Medical Designation, Fred H Clarke M.B. C.M.

Place of Abode, 29 Castle Street Dumfries

DATED this fifth day of September One thousand eight undred and Eighty Eight.

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 Henries 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 M. Irvine Montgomery Lodge, Ayr Certificates under the hands of George McKerrow, 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) Elizabeth Irvine, Montgomery Lodge, Ayr (Petitioner's Sister) and that the said Elizabeth Irvine, is a (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 Irvine, as a Patient in the Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Irvine which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Seventh day of September, One thousand eight hundred and eighty eight years.

To the Medical Superintendent of the Public Crichton Royal Institution, Dumfries.

[signature]

Name, Elizabeth Irvine

Date of Admission, 4 September 1888

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) Andrew Wallace, Insp. of Poor Govan Combn

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Jane Hobart, 8 Greenbank St. Govan.

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) 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 Jane Hobart. to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Andrew Wallace

(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 Septr One thousand eight hundred and Eighty Eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1 Christian Name and Surname of Patient at length,	Jane Hobart.
2 Sex and age,	Female. 50 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,	Deanside near Renfrew
7 Place where found and examined,	8 Greenbank Street Govan
8 Length of time Insane,	Several days.
9 Whether First Attack,	So far as known
10 Age (if known) on First Attack,	
11 When and where previously under Examination and treatment,	
12 Duration of Existing Attack,	a few days.
13 Supposed Cause,	Religious Mania
14 Whether subject to Epilepsy,	No
15 Whether Suicidal,	No
16 Whether Dangerous to others,	Yes & also to herself
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Govan Combination
18 Date of becoming Chargeable,	7th Septr 1888.
19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	Has a brother in Alyth. Name at present unknown
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	Ran away from her situation at 4 Am on 6th inst. and wandered about in the dark for four hours.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 7th day of Septr One thousand eight hundred and Eighty Eight

(To be signed by the Party applying) Andrew Wallace

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane? - - -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned,

being (1)

hereby certify, on soul and conscience, that I have this day, at (2)

in the County of , seen and personally examined

, and that the said

person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

.....

DATED this day of One thousand eight hundred and

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I the undersigned, James Barras
being a (1) Doctor of Medicine of Saint Andrew's University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day at (3) 8 Greenhaugh Street, Govan in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Jam Hobart, pauper, 8 Greenhaugh Street Govan and that the said Jam Hobart is a (5) person of unsound mind 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 speak and while engaged reading the bible will not even look or take the slightest notice of anything. Is very depressed and melancholic

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs. Bell with whom she is at present living states that she is very dull and takes no interest in anything about the house and has been so for a couple of days

(7) *State the Information, and from whom derived.*

Name and Medical Designation, James Barras M. B.

Place of Abode, Govan

DATED this 7th day of Septem. One thousand eight hundred and eighty eight years.

MEDICAL CERTIFICATE.—No. II.

I the undersigned, Robert Davie Taylor
being a (1) M. D. 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) 8 Greenhaugh Street, Govan in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Jam Hobart, pauper 8 Greenhaugh Dr, Govan and that the said Jam Hobart is a (5) person of unsound mind 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) Dull and melancholy also delusive, fancies she hears voices during the night swearing at her, Is very taciturn.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Bell states, that she is under the impression that her fellow servants have conspired against her & is very depressed on that account.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Robert Davie Taylor M D

Place of Abode, 7 Cecil Place Paisley Road. Govan.

DATED this 7th day of Septr One thousand eight hundred and eighty eight years

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMI[SSION]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, *or* Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, William Guthrie (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of Andrew [illegible] Inspector of Poor Govan Combination Certificates under the hands of John Barras and Robert Duffe Taylor, being two Medical [men] duly qualified in terms of an Act, intituled "An Act for the Regulation of the C[ares] and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of [Pauper] Asylums in Scotland," setting forth that they had separately visited and examined

(4) Describe the Patient, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.

Jane Hobart 8 Greenhaugh St Govan and that [they] Jane Hobart is a (4) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE [you] to receive the said Jane Hobart as a Patient [in] the Crichton Royal Institution for the Insane at Dumfries, and I authorize [her] Transmission to the said Asylum accordingly; and I transmit you herewith [the] Medical Certificates, and a Statement regarding the said Jane Hobart which accompanied the said Petition.

DATED this Seventh day of September One thousand eight hundred and eighty eight

JS

W. Guthrie

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Jane H. Hart

Date of Admission, 7th September 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(Sheriff or Steward. Shire or Stewartry.) *Unto the Honourable the* (1) Sheriff of ~~of the (1) Shire~~ Dumfries & Galloway ~~of Dumfries~~ and his Substitutes,—

The Petition of William Toward, Assistant Inspector of Poor City Parish Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Kerr or Hudson, Pauper, lately an ~~your Petitioner's (2)~~ Inmate of City Powhouse, Glasgow, and presently Chargeable to said 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 Ann Kerr or Hudson, to the Crichton Royal Asylum, Dumfries, and to sanction her admission into the said Asylum.

(1) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) William Toward

DATED this 8th (4) day of September One thousand eight hundred and 88.

(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,	Ann Kerr or Hudson.
2	Sex and Age,	Female 33 years.
3	Married, Single, or Widowed,	Married, (Deserted)
4	Condition of Life, and previous Occupation (if any),	Winder.
5	Religious Persuasion, so far as known,	Roman Catholic.
6	Previous Place of Abode,	Lately Inmate of City Powhouse Glasgow.
7	Place where Found and Examined,	City Parochial Asylum Glasgow
8	Length of time Insane,	a few days.
9	Whether First Attack,	no.
10	Age (if known) on First Attack,	32 years.
11	When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	1888. In City Parochial Asylum Glasgow.
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,	Yes.
17	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish Glasgow.
18	Date of becoming Chargeable,	7th September 1888.
19	Christian Name and Surname, and Place of Abode of nearest known 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, Joseph Hudson, in desertion.
20	Special circumstances (if any) preventing the 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 September, One thousand eight hundred and 88.

(*To be signed by the Party applying*) William Toward

P. p.

Assistant Inspector of Poor, City Parish 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, 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 City Parochial Asylum, Glasgow in the County of Lanark
separately from any other Medical Practitioner, visited and personally examined (4) Ann Kerr or Hudson Pauper, late of City Poorhouse, Glasgow and the said Ann Kerr or Hudson is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She imagines that she was given to her own keeping by Queen Victoria and thinks she heard her husband's voice in a part of this house, both night and day speaking to her

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) When in this asylum before was very dangerous through delusions — Information found in Mrs Paton, Official.

Name and Medical Designation, Alex Robertson M.D.
Place of Abode, 16 Newton Terrace Glasgow

DATED this 8 day of September One thousand eight hundred and 88.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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
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 City Parochial Asylum, Glasgow in the County of Lanark
separately from any other Medical Practitioner, visited and personally examined (4) Ann Kerr or Hudson Pauper, late of City Poorhouse, Glasgow and the said Ann Kerr or Hudson, 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) Thinks women are conspiring against her and they have been taking away her husband. Thinks he follows her to do her harm. She has delusions of hearing & is quite incapable of taking care

(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.

Name and Medical Designation, Geo Buchan M.D.
Place of Abode, House, Town's Hospital

DATED this 8th day of Sep One thousand eight hundred and 88

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Geo. Buchan, being (1) A Graduate in Medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) The City Parochial Asylum Glasgow in the County of Lanark, seen and personally examined Ann Kerr or Hudson 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.

Geo Buchan M.D.

DATED this 7th day of Sept One thousand eight hundred and 88.

(1) 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) William Howard, Assistant Inspector of Poor, City Parish, Glasgow, Certificates under the hands of Alex Robertson, and Geo. Buchan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Kerr or Hudson, City Parochial Asylum Glasgow (a pauper) and that the said Ann Kerr or Hudson is a (5) Lunatic, and a person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ann Kerr or Hudson, as a Patient into the (6) Public Asylum of Southern Counties, Dfs and 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 Kerr or Hudson which accompanied the said Petition.

DATED this Tenth day of September, One thousand eight hundred and Eighty eight years.

David Boyle Stope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No. 5302.

Ann Kerr or Hudson

City Parish Glasgow

admitted 8 September 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries and Galloway *and his Substitutes,*—

The Petition of Niels Mc Innes, Inspector of Poor, Dumfries.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Campbell, 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 John Campbell to the Southern Counties Asylum, and to sanction his admission into the said Asylum. Two words deft

(*To be signed by the Party applying*) Niels Mc Innes

(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 September One thousand eight hundred and eighty eight years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

	Christian Name and Surname of Patient at length,	John Campbell.
	Sex and Age,	Male — 30 years.
	Married, Single, or Widowed,	Single.
	Condition of Life, and previous Occupation (if any),	— Labourer.
	Religious Persuasion, so far as known,	Protestant.
	Previous Place of Abode,	Catrine Knock, Dumfries.
	Place where Found and Examined,	Do Do
	Length of time Insane,	Cant tell
	Whether First Attack,	yes
1	Age (if known) on First Attack,	—
1	When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	No where
1	Duration of Existing Attack,	—
1	Supposed Cause,	—
1	Whether subject to Epilepsy,	yes
1	Whether Suicidal,	yet known
1	Whether Dangerous to others,	yes
1	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries.
1	Date of becoming Chargeable,	9th Sept 1888.
1	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Jane Biggar or Campbell Mother, resides at Catrine Knock. Dumfries. No Son.
2	Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Nineth day of September —One thousand eight hundred and Eighty Eight years.

(*To be signed by the Party applying*) Niels Mc Innes
Inspector of Poor
Dumfries

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Marshall, being a (1) Graduate of the Faculty of Physicians and College of St Andrews, and being in actual practice as a (2) Physician and Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Gatesid[illegible] Dumfries, in the Coun[illegible] Dumfries, separately from any other Medical Practiti[illegible] visited and personally examined (4) John Campbell, a Pauper, and the said John Campbell, is a (5) Lunatic and a proper Person to be deta[illegible] under Care and Treatment, and that I have formed this opinion upon the follo[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Remains [illegible] torpid State: does not know the [illegible] of any question: has been subject to [illegible] of epileptic mania for many years

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His mother states that he has [illegible] outrageous of late.

Name and Medical Designation, W Marshall [illegible]

Place of Abode, 27 Bacclyuch St

DATED this Ninth day of September One thousand e[illegible] hundred and Eighty Eight 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 Swan Coulthard, being a (1) Bachelor of Medicine & Master [illegible] Surgery of Edinburgh University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties' Asylum in the Count[illegible] Dumfries separately from any other Medical Practitio[illegible] visited and personally examined (4) John Campbell of Gatesid of French, Pauper, and the said John Campbell is a (5) person unsound mind and a proper person to be detai[illegible] under Care and Treatment, and that I have formed this opinion upon the follow[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Violent behavior & language. Contortions of face. Wild look in eyes. Threatening to do injury to anybody coming near him. He said "I'll do for them" &c.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Attendant at Asylum said he was compelled to have him strapped down to bed, for fear of his injuring any [illegible]

Name and Medical Designation, R. Swan Coulthard [illegible]

Place of Abode 14 Castle Street Dumfries

DATED this 10th day of September, One thousand e[illegible] hundred and Eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 of Glasgow & Fellow of St Andrews
hereby certify, on soul and conscience, that I have this day, at (2) Gatehouse of Fleet, Kirkcudbright
in the County of Dumfries, seen and personally examined
John Campbell 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.

William Marshall M.D.

Dated this Ninth day of September One thousand eight hundred and Eighty Eight years.

(1) State Medical qualifications. (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 W. Innes,
Inspector of Poor, Dumfries,
Certificates under the hands of William Marshall,
and Robert Swan Coulthard, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Campbell, Gatekeeper of French Dumfries, a Pauper, and that the said John Campbell, 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 Campbell as a Patient into the (6) Public Asylum of Southern Counties, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Campbell, which accompanied the said Petition.

Dated this Eleventh day of September, One thousand eight hundred and eighty eight 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.

I hereby request the Superintendent of the Crichton Royal Institution to receive therein John Campbell of whom the foregoing certificate of emergency reports

Miles McDonnell
Inspector

Dumfries
9th Sept 1888

No 5303.
John Campbell.
Dumfries
Admitted 9th September 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* ~~Dumfries~~ Lanark *and his Substitutes,—*

The Petition of William Toward Assistant Inspector of Poor City Parish Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Whitelaw Pauper from Central Police Office ~~your Petitioner's~~ (3) Glasgow presently chargeable to said 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 James Whitelaw Pauper to the Crichton Royal Asylum Dumfries and to sanction his admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) William Toward

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 10th (4) day of September One thousand eight hundred and 88.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	James Whitelaw
Sex and Age,	Male 30 years
Married, Single, or Widowed,	Widower
Condition of Life, and previous Occupation (if any),	Tailor
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	from Central Police Office Glasgow.—
Place where Found and Examined,	31 & Parliamentary Road Glasgow.
Length of time Insane,	a few days
Whether First Attack,	yes so far as known
Age (if known) on First Attack,	30 years.—
When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	not previously under treatment so far as known.
Duration of Existing Attack,	a few days
Supposed Cause,	unknown.
Whether subject to Epilepsy,	no
Whether Suicidal,	unknown.—
Whether Dangerous to others,	yes.—
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish Glasgow.—
Date of becoming Chargeable,	10 September 1888.
Christian Name and Surname, and Place of Abode of nearest known 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 34 Fort Street Ayr.—
Special circumstances (if any) preventing the 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 September One thousand eight hundred and 88

(To be signed by the Party applying) William Toward
Assistant Inspector of Poor City Parish 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
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) 318 Pa[illegible] Road, Glasgow in the County Lanark separately from any other Medical Practitio[illegible] visited and personally examined (4) James Whitelaw, Pauper late of Central Police Office, Glasgow and the said James Whitelaw, Pauper is a (5) person of unsound mind and a proper Person to be detai[illegible] under Care and Treatment, and that I have formed this opinion upon the follow[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks quite incoherently, says he has plenty of money [illegible] give me £1000 at once, says God, speaks to him [illegible] his wife, comes to him through the night, is [illegible] incapable of taking care of himself.

(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, Geo Buchan M[illegible]

Place of Abode, House, Town's Hospital [illegible]

DATED this 10th day of Sep One thousand e[illegible] hundred and 88

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, D MacKellar Howard
being a (1) Graduate in Medicine of Glasgow [illegible]
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 318 Pare[illegible] Glasgow in the County Lanark separately from any other Medical Practitio[illegible] visited and personally examined (4) James Whitelaw, pauper from Central police Office Glasgow and the said James Whitelaw is a (5) person of unsound mind and a proper person to be detai[illegible] under Care and Treatment, and that I have formed this opinion upon the follow[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Is excited in his speech & behaviour. Talk incoherently. Has plenty of money at his comm[illegible] Intends to travel on the Continent at once – to go to America etc – & live at the greatest expense.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, D MacKellar Howard M[illegible]

Place of Abode 83 Taylor St. Glasgow

DATED this Ninth day of September One thousand eig[illegible] hundred and Eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Geo Buchan M D
being (1) A Graduate in Medicine of Glasgow Univers
hereby certify, on soul and conscience, that I have this day, at (2) 31 & Parliamentary Road Glasgow
in the County of Lanark, seen and personally examined
James Whitelaw, 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.

Geo Buchan M D, CM,

Dated this 10th day of Sept One thousand eight hundred and 88,

(1) 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 Guthrie (1) Sheriff Substitute
of the (2) County of Lanark
having had produced to me, with a Petition at the instance of William Toward
Assistant Inspector of Poor Govan Parish, Glasgow
Certificates under the hands of Geo Buchan
and D. MacKellar Dewar, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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) Pauper
James Whitelaw Central Police Office Glasgow and that the said
James Whitelaw is a (4) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Whitelaw as a Patient into the Brechton Royal ~~Asylum~~ Institution 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 Whitelaw which accompanied the said Petition.

Dated this Eleventh day of September One thousand eight hundred and eighty eight

W. Guthrie

To the Superintendent of the Brechton Royal
~~Asylum of~~ Institution at 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.

I hereby request the Superintendent of the Crichton Royal Institution to receive therein James Whitelaw to whom the foregoing Certificate of Emergency refers

A. Lempster

Inspector of Poor of City Parish of Glasgow

Glasgow 10th September 1888.

No. 5304.
James Whitelaw
City Parish Glasgow
Admitted 10 September 1888

Intemperate habits

land.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Lanark ~~of Dumfries~~ and his Substitutes.

The Petition of Archibald Dempster, Inspector of Poor, City Parish Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Richard Withington, Pauper, from Eastern police chambers Glasgow, — presently chargeable to said 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 Richard Withington, Pauper to the Crichton Royal Asylum, Dumfries, and to sanction his admission into the said Asylum.

(2) State degree of ~~your Petitioner's~~ relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) A Dempster

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 10th (3) day of September One thousand eight hundred and 88.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Richard Withington.
2. Sex and Age,	Male 22 years.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Shoemaker.
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	From Eastern Police Chambers Glasgow.
7. Place where Found and Examined,	7 & 8 Parliamentary Road, Glasgow.
8. Length of time Insane,	A few days.
9. Whether First Attack,	No.
10. Age (if known) on First Attack,	20 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	1886. In an Asylum in England.
12. Duration of Existing Attack,	A few days.
13. Supposed Cause,	Unknown.
14. Whether subject to Epilepsy,	Unknown.
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish Glasgow.
18. Date of becoming Chargeable,	10th September 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Sarah Ann Scudmore or Withington, resides at 394, Gallowgate Glasgow.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 10th day of September One thousand eight hundred and 88.

(To be signed by the Party applying) A Dempster

Inspector of Poor, City Parish, 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 being a (1) Graduate in Medicine of Glasg Univer 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 Lanark separately from any other Medical Practitio visited and personally examined (4) Richard Withington Pau from Eastern Police Chambers, Glasgow and the said Richard Withington Pauper is a (5) person of unsound mind and a proper Person to be detai under Care and Treatment, and that I have formed this opinion upon the follow grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks quit incoherently, sees monkeys & man follow and a man tells him to go & hang himself is quite incapable of taking care of himself is dangerous to himself.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Has been in an Asylum in Engl previously

Name and Medical Designation, Geo Buchan M

Place of Abode, House, Town's Hospital

DATED this 10th day of Sept — One thousand e hundred and 88

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Couper being a (1) Doctor of Medicine of Glasgow Univ and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 318, Par Road Glasgow in the County Lanark, separately from any other Medical Practitio visited and personally examined (4) Richard Withington from Eastern Police Chambers Glasgow Pauper and the said Richard Withington is a (5) person 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) He is incoherent his speech and inclined to be violent in his conduct: he acknowledges that he knocked wife down and beat her without cause He says he was previously detained in an asylum England for ten months

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) ~~Thomas Ho~~

Name and Medical Designation, David Couper M

Place of Abode 9 Seton Terrace Glasgow

DATED this tenth day of September One thousand e hundred and eighty eight years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Geo Buchan,
being (1) A Graduate in Medicine of Glasg University
hereby certify, on soul and conscience, that I have this day, at (2) 318 Parliamentary Road Glasgow
in the County of Lanark, seen and personally examined
Richard Withington 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.

Geo Buchan M.D.

DATED this 10th day of Sept One thousand eight hundred and 88

(1) 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 Guthrie (1) Sheriff Substitute
of the (3) County of Lanark
having had produced to me, with a Petition at the instance of Archibald Dempster
Inspector of Poor City Parish Glasgow
Certificates under the hands of Geo Buchan
and David Couper, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined Pauper
Withington Eastern Police Chambers Glasgow and that the said
Richard Withington is a person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Richard Withington as a Patient into the Crichton Royal ~~Asylum~~ Institution 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 Richard Withington which accompanied the said Petition.

DATED this Eleventh day of September One thousand eight hundred and eighty eight

W Guthrie

To the Superintendent of the Crichton Royal
~~Asylum of~~ Institution at 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.

I hereby request the Superintendent of Crichton Royal Institution to receive therein Richard Withington to whom the foregoing Certificate of Emergency refers.

A Dempster

Inspector of Poor of City Parish of Glasgow

Glasgow 10th September 1888.

No. 5305.
Richard Withington
City Parish of Glasgow
Admitted 10 September 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff — ~~of the~~ (1) Shire of Dumfries ~~Stewartry~~ *and his Substitutes,*—

This Petition of John Cowan, Craigieland North Lodge Kirkpatrick Justice Dumfriesshire humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Cowan, your Petitioner's (2) 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 Cowan to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) John Cowan

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 11th (3) day of September, One thousand eight hundred and Eighty eight.

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 Cowan
	Sex and Age,	Male. 22 years
	Married, Single, or Widowed,	Single
	Condition of Life, and previous Occupation (if any),	Labourer. St. Rollox. Glasgow.
	Religious Persuasion, so far as known,	Protestant.
	Previous Place of Abode,	258 Spring Bank Rd. St. Rollox. Glasgow.
	Place where Found and Examined,	Craigieland North Lodge. Kirkpatrick Justice Dumfriesshire
	Length of time Insane,	Fortnight
	Whether First Attack,	Yes
1	Age (if known) on First Attack,	—
1	When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	—
1	Duration of Existing Attack,	Fortnight
1	Supposed Cause,	Excitement at work. talking Politics
1	Whether subject to Epilepsy,	No
1	Whether Suicidal,	Threatened to hurt himself.
1	Whether Dangerous to others,	Yes
1	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
1	Date of becoming Chargeable,	—
1	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Cowan. Craigieland North Lodge Kirkpatrick Justice. Dumfriesshire Father. Mother twice in Southern Counties Asylum
2	Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 11th day of Sept — One thousand eight hundred and Eighty Eight

(To be signed by the Party applying) John Cowan

P. p.

MEDICAL CERTIFICATE, No. 1.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Munro
being a (1) Doctor of Medicine of the University of
Baccalaureate of the Royal College of Surgeons
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Craigs
Lodge. Kirkpatrick Durham in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Robert Cowan. Labourer
North Lodge Kirkpatrick Durham and
the said Robert Cowan is a (5) Person of
Unsound Mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Excited way of talking. When[ever] he [is] not
wanting to be at her. rambling & talking about
works. Having battles with Irish Leaders

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
above facts. Assaulting his mother. Threatening
to do something dreadful. cutting her throat with
a knife. Chasing her with the tongs. Knocking
Smelly Kost

Name and Medical Designation, James Munro

Place of Abode, Moffat

DATED this 10th day of Sept One thousand eight
hundred and Eighty eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Mackenzie.
being a (1) Bachelor in Medicine & Master in Surgery
of the University of Aberdeen
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) North Cowan
Lodge Kirkpatrick Durham in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Robert Cowan, North Cowan
Lodge, Kirkpatrick Durham and
the said Robert Cowan is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has a wild
appearance. Gets very excited when spoken to. Glares
at a strange manner, cries &c. Says he's heard
in Glasgow have been pursuing him, & have tried to
him &c. &c.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His father says he gets very violent at times
he tried to assault his mother with a knife
& also tore the cap off her head.

Name and Medical Designation, John Mackenzie M.B.C.

Place of Abode Viewlands Moffat.

DATED this 11th day of Sept. One thousand eight
hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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) Craigelands North Lodge
in the County of Dumfries, seen and personally examined
Robert Cowan, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

James Munro. M. D. L. R. C. S. Edin

DATED this 10th day of Sept — One thousand eight
hundred and Eighty eight

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) John Cowan,
Craigelands North Lodge, Kirkpatrick Juxta,
certificates under the hands of James Munro,
and John Mackenzie, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and
Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic
Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert
Cowan, Craigelands North Lodge, Kirkpatrick Juxta (Elder's son) and that the said
Robert Cowan, is a (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 Cowan as a Patient into the
Public Asylum of Southern Counties and I authorize
Service of Transmission to the said Asylum accordingly; and I transmit you herewith
the said Medical Certificates, and a Statement regarding the said Robert Cowan,
which accompanied the said Petition.

DATED this Eleventh day of September — One thousand eight
hundred and Eighty eight 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.

I hereby request the Superintendent of the Southern Counties Asylum to receive Robert Cowan to whom the Certificate of Emergency refers -

Father John Cowan

11th Sept 1888

No. 5306.
Robert Cowan
admitted 11 September
1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Sheriffdom of Dumfries & Galloway *and his Substitutes,—*

The Petition of William Mackie, Inspector of Poor of Wigtown

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jemima Dunlop 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 Jemima Dunlop 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.

Wm Mackie Inspector of Poor

DATED this eleventh (4) day of September One thousand eight hundred and eighty-eight

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1.	Christian Name and Surname of Patient at length,	Jemima Dunlop
2.	Sex and Age,	Female, 42
3.	Married, Single, or Widowed,	Single
4.	Condition of Life, and previous Occupation (if any),	Pauper, Servant
5.	Religious Persuasion, so far as known,	Protestant
6.	Previous Place of Abode,	Ball Green, Wigtown
7.	Place where Found and Examined,	Ball Green, Wigtown
8.	Length of time Insane,	Since May 83
9.	Whether First Attack,	Yes
10.	Age (if known) on First Attack,	37.
11.	When and where previously under Examination and Treatment,	In Asylum from May 83 to Feb 84 since in Wigtown
12.	Duration of Existing Attack,	Since May 83, more violent of late
13.	Supposed Cause,	Congenital
14.	Whether subject to Epilepsy,	No.
15.	Whether Suicidal,	No.
16.	Whether Dangerous to others,	Possibly
17.	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Maxwelltown, Troqueer parish
18.	Date of becoming Chargeable,	Latterly May 81
19.	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of the Family known to be or to have been Insane,	mother Jane Dixon Dunlop, Widow, Comewhat silly, resides in Wigtown, Father was also Comewhat silly and a sister is also rather weak in intellect
20.	Special circumstances (if any) preventing the 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 September One thousand eight hundred and eighty-eight

(*To be signed by Party applying*) Wm Mackie Insp. 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, Charles McBride being a (1) Doctor of Medicine of the Universities of Glas
and being in actual practice as a (2) Physician Bal
hereby certify, on soul and conscience, that I have this day, at (3) Queen Wigtown in the C
Queen Wigtown separately from any other Medical Prac
visited and personally examined (4) Jemima Dunlop
Ball Queen Wigtown a Pauper
the said Jemima Dunlop is a (5) Person
of unsound Mind and a proper Person to be
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz. :—

(4) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

her excited and threatening m
most abusive & lewd in her talk
Scarf the Hall Peopled the Asyl

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others:

Mr Dunlop her Mother says sh
attempted to draw down the Curt
the door

Name and Medical Designation, Charles McBride
M.D., Ch. E. F.F.P.S.

Place of Abode, Wigtown

DATED this 11th day of September One thousa
hundred and eighty eight 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 Macdelland
being a (1) Bachelor of Medicine and
in Surgery 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) Bal
Queen Wigtown in the C
Wigtown separately from any other Medical Prac
visited and personally examined (4) Jamima Dunlop
Ball Queen Wigtown, a pauper
the said Jamima Dunlop is a (5) Person
of unsound mind and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz. :—

(4) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

She says her mother would
Her manner is wild, and her talk
& obscene. She has a dirty look, & sits
on the floor, close to the fire like some frightened

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others:)

Mrs Murray, Ball Queen Wigtown says
was extremely abusive & acute in her
this morning, sparing no one

Name and Medical Designation, R Macdelland
M.B., C.M.

Place of Abode Wigtown

DATED this 11th day of September One thousa
hundred and eighty eight 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) William Mackie Inspector of Poor of Wigtown
Certificates under the hands of Charles Mc Bride M. D. Wigtown
and Robert Macfelland M.R.C.V.S. 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)
Jemima Dunlop Pauper and that the said
Jemima Dunlop is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jemima Dunlop as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize you to Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jemima Dunlop which accompanied the said Petition.

DATED this eleventh day of September One thousand eight hundred and eighty eight

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.

No. 5307.
Jemima Dunlop
(Wigtown)
Admitted 11 September 1858

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., 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~~ Dumfries & Galloway and his Substitutes.

The Petition of Archibald Dempster, Inspector of Poor, City Parish Glasgow

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Donald Ross Pauper, from the Northern Police office Glasgow, ~~Chargeable to said parish~~ presently

(2) 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 Donald Ross, Pauper, to the Crichton Royal Institution, Dumfries and to sanction his admission into the said Asylum.

(To be signed by the Party applying) A Dempster

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 12th (3) day of September One thousand eight hundred and 88.

STATEMENT.

If any 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 Ross.
1. Sex and Age,	Male. 37 years.
1. Married, Single, or Widowed,	married.
1. Condition of Life, and previous Occupation (if any),	Blacksmith.
1. Religious Persuasion, so far as known.	Protestant.
1. Previous Place of Abode,	9 Braid Street Glasgow.
1. Place where Found and Examined,	318 Parliamentary Road. Glasgow.
1. Length of time Insane,	2 weeks.
1. Whether First Attack,	~~Yes so far as known~~ No.
1. Age (if known) on First Attack,	33 years.
1. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	1884. In Woodilee Asylum.
1. Duration of Existing Attack,	2 weeks.
1. Supposed Cause,	Unknown.
1. Whether subject to Epilepsy,	Unknown.
1. Whether Suicidal,	no.
1. Whether Dangerous to others,	Yes.
1. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish Glasgow.
1. Date of becoming Chargeable,	12th September 1888.
1. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Wife, Jessie Donald or Ross, resides at 9 Braid Street, Glasgow.
2. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 12th day of September One thousand eight hundred and 88.

(To be signed by the Party applying) A Dempster

P. P.

Inspector of Poor, City Parish 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
being a (1) Graduate in Medicine of Glasg[illegible]
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
Lanark separately from any other Medical Practitio[illegible]
visited and personally examined (4) Donald Ross, Pauper
late of the Northern Police Office, Glasgow and
the said Donald Ross, Pauper is a (5) person
of unsound Mind and a proper Person to be detai[illegible]
under Care and Treatment, and that I have formed this opinion upon the follow[illegible]
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoh[illegible]
is suspicious of his wife, whom he thinks
money from, is concerned about his soul
sees dogs and animals following him, is
incapable of taking care of himself.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His wife. tells me He thinks she is some other wom[illegible]
that a night or two ago he wanted to go to Tow[illegible]
he carrys an Electric Battery about
Mesmerise a man
and uses it, on people, He
has threatened her and
she is afraid of him.
Has been in an
Asylum before

Name and Medical Designation, Geo Buchan M D.

Place of Abode, House, Towns Hospital

DATED this 12th day of Sep One thousand ei[illegible]
hundred and 88

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Macknight Wilson,
being a (1) Graduate in Medicine of Glasgow Universit[illegible]
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 318 Parlia[illegible]
Road. Glasgow in the County
Lanark separately from any other Medical Practitio[illegible]
visited and personally examined (4) Donald Ross, Pauper, late of the
Northern Police Office Glasgow and t[illegible]
the said Donald Ross, Pauper is a (5) person o[illegible]
unsound mind and a proper person to be detai[illegible]
under Care and Treatment, and that I have formed this opinion upon the follow[illegible]
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Incoherence of answers: He talks a good d[illegible]
about religion: is restless, and dogged looking: [illegible]
his wife keeps his money from him: is unable t[illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Information from Commissionaire G 102
He can not talk more than half a minute on [illegible]
one subject, but wanders in his talk on all sorts [illegible]
such as Electricity & Magnetism:

Name and Medical Designation, W. Macknight Wilson M[illegible]

Place of Abode 38 Grafton Square Glasg[illegible]

DATED this 17th day of September One thousand eig[illegible]
hundred and 88.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Geo Buchan M.D.
being (1) A Graduate in Medicine of Glasg Univers
hereby certify, on soul and conscience, that I have this day, at (2) 318 Parliamentary Rd Glasgow
in the County of Lanark, seen and personally examined
Donald Ross, 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.

Geo Buchan M.D.

DATED this 12th day of Sept One thousand eight hundred and 88

(1) 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 Honorary Sheriff Substitute
of the (2) County of Dunfries
having had produced to me, with a Petition at the instance of (3) Archibald Jempster, Inspector of Poor City Parish Glasgow
Certificates under the hands of George Buchan
and W Macknight 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) Donald Ross 318 Parliamentary Road Glasgow (a pauper) and that the said Donald Ross as a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Donald Ross 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 Donald Ross which accompanied the said Petition.

DATED this Thirteenth day of September One thousand eight hundred and eighty eight years.

W H Shortt

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.

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein Donald Ross, to whom the foregoing Certificate of Emergency refers.

A Dempster

Inspector of Poor, City Parish, Glasgow

Glasgow, 12th September 1888.

No. 5308.
Donald Ross
City Parish, Glasgow
Admitted 12 September 1888

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) Miss Amy Gertrude Taylor of 59 Prospect Rd Scarborough

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Lillie Evelyn Taylor

(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 Lillie Evelyn Taylor to the Crichton Royal Institution for the Insane at Dumfries, and to sanction Her admission into the said Asylum.

Amy Gertrude Taylor.

(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 September One thousand eight hundred and eighty eight.

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,	Lillie Evelyn Taylor
Sex and age,	Female; 26 years of age
Married, Single, or Widowed,	Single
Condition of Life and previous Occupation (if any),	Governess
Religious Persuasion, so far as known.	Protestant — Church of England
Previous place of abode,	Scarborough
Place where found and examined,	
Length of time Insane,	Four months
Whether First Attack,	Yes
1 Age (if known) on First Attack,	
1 When and where previously under Examination and treatment,	
1 Duration of Existing Attack,	Four months
1 Supposed Cause,	Unknown
1 Whether subject to Epilepsy,	No
1 Whether Suicidal,	
1 Whether Dangerous to others,	
1 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
1 Date of becoming Chargeable,	
1 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Elizabeth J. Taylor, Scarborough — the mother of the patient. One of the patient's sisters is also insane.
2 Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this fifteenth day of September One thousand eight hundred and Eighty Eight

(To be signed by the Party applying) Amy Gertrude Taylor.

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane? - - - -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, James Hunter Bryden being (1) Licentiate of the Colleges of Surgeons Edin hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined Lillie Evelyn Taylor, and that the said person is of unsound mind, and 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

DATED this 14th day of Sept One thousand eight hundred and eighty eight.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE—No. I.

I the undersigned, Fred: Hugh Clarke
being a (1) Graduate in Medicine and 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) 29 Castle Street
in the County of Dumfries.
separately from any other Medical Practitioner, visited and personally examined (4) Lillie Evelyn Taylor, Governess
and that the said Lillie Evelyn Taylor, is a (5) person of unsound mind,
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6)
says that she is mesmerised and require to act under the influence of her mesmeriser in Dearborn. Admits her inability to control her passions when excited or angry. Conversation is disjointed and rambling.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
(communicated by Mary Doolan, Attendant, Crichton Royal Institution, Dfs.) that Lillie Evelyn Taylor since her arrival at the Institution this morning had shown violence towards two attendants. Says that she Mary Doolan, mesmerised her and changed her into her other dress at present in Morpeth Asylum.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Frederick Hugh Clarke M.B. C.M.

Place of Abode, 29 Castle Street, Dumfries.

DATED this fourteenth day of September One thousand eight hundred and fifty eight years.

MEDICAL CERTIFICATE—No. II.

I the undersigned, James Hunter Dryden
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) 29 Castle
Street Dumfries
in the County of Dumfries
separately from any other Medical Practitioner, visited and personally examined (4) miss Lillie Evelyn Taylor, of Dearborne, England
and that the said Lillie Evelyn Taylor
is a (5) person of unsound mind
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) Mesmeric depression & general demeanour indicate insanity. She is at times quite incoherent and unintelligible. She says that she is mesmerised, and that she hears voices at night mimicing and annoying her. She admits having struck her sister.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, James Hunter Dryden L.R.C.P.S.Ed

Place of Abode, 29 Castle St. Dumfries

DATED this 14th day of Sept One thousand eight hundred and 58 years

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Miss Amy Gertrude of 59 Prospect Road, Scarborough Certificates under the hands of Frederick Hugh Clarke M.B. and James Hunter Dryden L.R.C.P. & M., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Asylums in Scotland," setting forth that they had separately visited and examined Evelyn Taylor, Governess, Scarborough (Petnr. Sister) and that the said Evelyn Taylor is a (5) person of a sound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Lillie Evelyn Taylor 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 Lillie Evelyn Taylor 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 September One thousand eight hundred and eighty eight years.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Lillie Evelyn Taylor

Date of Admission, 14 September 1888

I hereby request the Superintendent of the Crichton Royal Institution to receive in Lillie Evelyn Taylor to whom the foregoing Certificate of Emergency refers.

Amy Gertrude Taylor Sister of Lillie Evelyn Taylor aforesaid

Address 59 Prospect Road Scarborough

Date 14 September 1888

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) Elizabeth J. Taylor Widow

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Lillie Evelyn Taylor

(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 Lillie Evelyn Taylor to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Elizabeth J. Taylor

(5) The date of the Petition must be within four clear days following the dates of the Medical Certificate.

DATED this 12th (5) day of September One thousand eight hundred and 88.

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,	Lillie Evelyn Taylor
Sex and age,	Female. 26 years of age
Married, Single, or Widowed,	Single
Condition of Life and previous Occupation (if any),	Governess
Religious Persuasion, so far as known,	Protestant, Church of England
Previous place of abode,	
Place where found and examined,	Scarborough
Length of time Insane,	4 months
Whether First Attack,	Yes.
Age (if known) on First Attack,	
When and where previously under Examination and treatment,	
Duration of Existing Attack,	
Supposed Cause,	Unknown
Whether subject to Epilepsy,	
Whether Suicidal,	~~Yes~~ Not.
Whether Dangerous to others,	
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
Date of becoming Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Elizabeth J. Taylor. Scarboro' Mother, Another daughter, at present 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 12th day of Sept. One thousand eight hundred and 88.

(To be signed by the Party applying) Elizabeth J. Taylor

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Tynemouth, Northumbe[illegible]
2. Character of Education,	Superior
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
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?	Cousins on father's [illegible] 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?	Liver & Kidney disea[illegible]
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	No
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Depression & delusion
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 & extreme [illegible] & irritability also cos[illegible]
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	From morbidness to [illegible] dislike to her own f[illegible]
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?	Has threatened violen[illegible] murder one of her si[illegible] but not attempted.
16. Has he threatened or attempted violence to others? If so, in what way?	
17. How long has he been insane?	4. Months

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned,

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.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — ~~of the (2) Shire~~ of Dumfries & Galloway, and his Substitutes,—

The Petition of William Kirkland, Inspector of Poor, Kirkconnel 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 Lunatic.

William Kirkland

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this Fifteenth (4) day of September, One thousand eight hundred and Eighty Eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1 Christian Name and Surname of Patient at length,	John Renfrew.
2 Sex and Age,	Male, 20 years.
3 Married, Single, or Widowed,	Single
4 Condition of Life, and previous Occupation (if any),	Working gardener
5 Religious Persuasion, so far as known,	Protestant
6 Previous Place of Abode,	Mavisbank near Edinburgh.
7 Place where Found and Examined,	Exd. at Dumfries ~~Found at Kirkconnel~~
8 Length of time Insane,	One week
9 Whether First Attack,	No.
10 Age (if known) on First Attack,	About 17 years of age.
11 When and where previously under Examination and Treatment,	S. C. Asylum, Dumfries.
12 Duration of Existing Attack,	About a week.
13 Supposed Cause,	Supposed to be hereditary
14 Whether subject to Epilepsy,	No
15 Whether Suicidal,	No
16 Whether Dangerous to others,	Yes
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Kirkconnell.
18 Date of becoming Chargeable,	10th Septr 1888
19 Christian Name and Surname, and Place of Abode of nearest known 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 Renfrew. Father at present in the S. C. Asylum. His Mother, Mary Renfrew, also in same 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 Fifteenth day of September, One thousand eight hundred and

(*To be signed by Party applying*) William Kirkland

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind,

(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 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
Dumfries, in the
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) John Renfrew, Paper
Kirkconnell, Dumfriesshire and
the said John Renfrew is a (5) person
unsound mind and a proper Person to be
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He has the
appearance of one mentally afflicted
told me that he saw Gen. Gordon of
fame in Edinburgh last week has other

2. Other facts (if any) indicating Insanity communicated to me by others (7)
He has been violent to his mother, He
restless in his behaviour incoherent
his speech - Mr Kirkland is my informant
* was an inmate of the D.C. Asylum two years ago.

Name and Medical Designation, John Cunningham

Place of Abode, 35 Buccleuch

DATED this Fifteenth day of September One thousand
hundred and eighty eight 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, 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) Southern
Counties asylum, Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) John Renfrew, Paper
Kirkconnell, Dumfriesshire and
the said John Renfrew is a (5) person of
unsound mind and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He says he saw
General Gordon, of Soudan fame, in Edinburgh
a week or two ago, he talks in a rambling
manner, and his facial expression indicates
mental disorder

2. Other Facts (if any) indicating Insanity communicated to me by others (7)
William Kirkland informs me that
he was under treatment for mental illness
about two years ago.

Name and Medical Designation, Hugh Cunningham

Place of Abode 25 Castle Street, Dumfries

DATED this 15th day of September One thousand
hundred and eighty eight years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Cunningham
being (1) L.R.C.P. Ed Fin
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
John Renfrew, Pauper, Kirkcormel and that the said
person is of unsound mind, and 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 Md L R C P Ed

DATED this Fifteenth day of September One thousand eight hundred and Eighty eight years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, ~~Hugh Cunningham~~ (1) David Boyle Hope, 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, Kirkcormel
Certificates under the hands of John Cunningham
and Hugh Cunningham, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Renfrew Kirkcormel Village (a Pauper) and that the said John Renfrew is a (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 Renfrew 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 Renfrew, which accompanied the said Petition.

DATED this Seventeenth day of September One thousand eight hundred and eighty eight. Two words deleted.

David Boyle Hope

To the Superintendent of the (1) 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.

Kirkconnell 15th September 1888

To
The Superintendent of the Crichton Asylum
Dumfries.

I hereby request the Superintendent of the Crichton Asylum to receive therein John Renfrew, to whom the foregoing Certificate of Emergency refers.

William Kirkland
Insp. of Poor

Kirkconnell
15th September 1888

No 5310
John Renfrew
Kirkconnell.
Admitted 15 September
1888

25 and 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO ~~MAVISBANK HOUSE~~ 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) Margaret E. Purves, Spinota, Lewis Villa, Musselburgh

Humbly sheweth—That it appears from the subjoined Statement and accompanying Medical Certificates that Alice Purves McWatt

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) 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 authorise the transmission of the said Alice Purves McWatt to the ~~Mavisbank Asylum, at Polton, near Edinburgh~~ Crichton Royal Institution, Dumfries, and to sanction her admission into the said Asylum.

Margaret E. Purves.

The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this twenty-first (21) day of September One thousand eight hundred and eighty Eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1.	Christian Name and Surname of Patient at length,	Alice Purves McWatt.
2.	Sex and Age,	Female. 35. 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,	Mavisbank. Polton.
7.	Place where found and examined,	Mavisbank and
8.	Length of time Insane,	about a year.
9.	Whether first attack,	Fifth
10.	Age (if known) on first attack,	28 years.
11.	When and where previously under examination and treatment,	Royal Asylum Perth twice. Melrose once. Mavisbank Twice.
12.	Duration of existing attack,	One year.
13.	Supposed cause,	Unknown.
14.	Whether subject to Epilepsy,	No.
15.	Whether suicidal,	No.
16.	Whether dangerous to others,	Sometimes.
17.	Parish or Union to which the Lunatic (if a Pauper) is chargeable,	—
18.	Date of becoming chargeable,	—
19.	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of his Family known to be or to have been insane,	Margaret E. Purves. Lewis Villa, Musselburgh. Aunt. Sister 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-first day of September One thousand eight hundred and eighty Eight.

(*To be signed by the Party applying*) Margaret E. Purves.

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
first, *e.g.*, want of
falling off in flesh, pa
derangement of femal
12. What changes have take
mental symptoms s
menced? - -
13. What changes have tak
symptoms? - -
14. Is he dirty, destructive,
15. Has he threatened or att
self? If so, in what
16. Has he threatened or
others? If so, in wh
17. How long has he been

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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 authorises the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, John Keay being (1) a Doctor of Medicine of Glasgow University, hereby certify, on soul and conscience, that I have this day, at (2) Maviebank House in the County of Midlothian, seen and personally examined Alice Purves McWatt, and that the said person is of unsound mind, and 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 Keay

DATED this 19th day of September One thousand eight hundred and eighty eight.

I hereby request the Superintendent of the Dumfries Royal Asylum to receive therein Alice Purves McWatt to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which applicant stands to patient — Aunt

Signature & address. M. E. Purves.
Lewis Villa
Musselburgh

Date 18th Sep. 1888.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, John Keay. ——— ———
being a (1) Doctor of Medicine of Glasgow University —
and acting in actual practice as a (2) Physician ———
hereby certify, on soul and conscience, that I have this day, at (3) Mavisbank House, Polton ——— ——— in the County of Midlothian ——— separately from any other Medical Practitioner, visited and personally examined (4) Alice Purves McWatt. Spinster, present residing at Mavisbank House ——— and that the said Alice Purves McWatt ——— is a (5) person of unsound mind ——— and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

. Facts indicating Insanity observed by myself: (6) She is excited and restless. At occasionally morbidly depressed and hints at suicide. Has outbursts of passion in which she strikes, smashes furniture, and is dangerous to others. Takes no interest in the affairs of everyday life.

(6) *State the Facts.*

. Other Facts (if any) indicating Insanity communicated to me by others: (7) Aunt, Miss Purves informs me that the patient hereditarily predisposed to mental disease. That she has a sister presently insane. That the patient has been on several occasions under treatment in lunatic asylums.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, John Keay. M.D.

Place of Abode, Mavisbank House. Polton.

DATED this Nineteenth day of September One thousand eight hundred and eighty eight.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Frederick Hugh Clarke
a (1) Graduate in Medicine of Glasgow University
acting in actual practice as a (2) physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 26 Castle Street Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Alice Purves McWatt. Spinster, and that the said Alice Purves McWatt is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

. Facts indicating Insanity observed by myself: (6) When speaking to her she becomes restless and excited in manner. She cannot at times she becomes excited (without adequate cause) that she is unable to control herself and has no recollection afterwards of what she has said and done when under excitement.

(6) *State the Facts.*

. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Frederick Hugh Clarke M.B.C.M.

Place of Abode, 29 Castle Street. Dumfries.

DATED this Nineteenth day of September One thousand eight hundred and eighty eight

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 E. Purves Lewis Villa Musselburgh Certificates under the hands of John Keay 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) Alice Purves McWatt Mavisbank Polton, Pelton Nec and that the said Alice Purves McWatt is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Alice Purves McWatt as a Patient in the ~~Mavisbank Asylum at Polton, near Edinburgh~~, and I authorise her transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alice Purves McWatt which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

D.B.
Royal Institution, Dumfries
H

DATED this Twentieth day of September One thousand eight hundred and eighty eight years. Six words deleted.

David Boyle Hope

To the Medical Superintendent of
~~Mavisbank House, Polton, Midlothian.~~
D.B.H. The Crichton Royal Institution Dumfries.

No. 5311

Name, Miss Alice Purves McWatt

Date of Admission, 19 September 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,—*

The Petition of William Cowan Inspector of Poor

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Carruthers, 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 Agnes Carruthers —— to the Southern Counties Asylum and to sanction her admission into the said Asylum.

William Cowan, Insp. of Poor Inwald

(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 September One thousand eight hundred and eighty-eight 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,	Agnes Carruthers
Sex and Age,	Female 53½ years
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Housekeeper
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Inwood
Place where Found and Examined,	Muirhead
Length of time Insane,	For nearly all her life
Whether First Attack,	
Age (if known) on First Attack,	
When and where previously under Examination and Treatment,	In S. & Asylum from 6th Jan. 1887 to 17th June 1887
Duration of Existing Attack,	
Supposed Cause,	
Whether subject to Epilepsy,	
Whether Suicidal,	
Whether Dangerous to others,	
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Inwood
Date of becoming Chargeable,	6th Jan. 1887
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Carruthers, Texas. half brother.
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twentieth day of September One thousand eight hundred and eighty-eight years

(To be signed by Party applying)

Wm Cowan, Insp. 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, Alexander Duke 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) Munhead Tinwald in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Agnes Carruthers Munhead Tinwald and that the said Agnes 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) has been imbecile & weakminded for years but lately has become unmanageable will not keep her clothes on. goes naked if left for a moment

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs McKaig who has charge of her says this has been going on but gradually getting worse for [illegible]

Name and Medical Designation, A D MacDonald

Place of Abode, 18 Castle St - Dumfries

DATED this 19th day of Sept One thousand eight hundred and eighty eight

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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) medical practitioner hereby certify, on soul and conscience, that I have this day, at (3) 16 Castle St. Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Agnes Carruthers, a pauper and that the said Agnes Carruthers, 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) will not [illegible] any questions put to her. keeps muttering herself - has an imbecile appearance

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs McCaig with whom she has been for six years. says she won't keep her clothes on a wish to die, she is always talking nonsense herself

Name and Medical Designation, Richard B. Lorraine

Place of Abode 16 Castle St: Dumfries

DATED this twentieth day of September One thousand eight hundred and eighty eight 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) William Cowan, Inspector of Poor, Tinwald,
Certificates under the hands of Alexander Dale 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) Agnes Carruthers, Tinwald, (a Pauper) and that the said Agnes Carruthers is a (5) person of unsound mine

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes 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 Agnes Carruthers which accompanied the said Petition.

DATED this Twentieth day of September One thousand eight hundred and Eighty eight years.

David Boyle Hope

To the Superintendent of the (7) Asylum of

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No. 5312.

Agnes Carruthers

Tenwald

Admitted 20 September 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Shire~~ of Dumfries & Galloway and his Substitutes,—

The Petition of Mrs John Johnstone, 2 Buccleuch Street, Moffat humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Ann Johnstone, 2 Buccleuch Street, Moffat 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 Ann 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.

(To be signed by the Party applying) Ann Johnstone +

DATED this 21st (4) day of Sept One thousand eight hundred and eighty eight

(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 Johnstone
2. Sex and Age,	Female. 34 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	2 Buccleuch Street, Moffat
7. Place where Found and Examined,	2 Buccleuch Street, Moffat
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 [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	6 months ago - Southern Counties Asylum
12. Duration of Existing Attack,	
13. Supposed Cause,	Excitement
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	very violent
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	Ann Johnstone. Mother 2 Buccleuch Street. Moffat 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 21st day of Sept One thousand eight hundred and eighty eight

(To be signed by the Party applying) Ann Johnstone +

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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) Doctor of Medicine of the University of Edin and a Licentiate of the Royal College of Surgeons Edin and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 2 Buccleuch Moffat in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary Ann Johnstone. 2 Buccleuch Street. 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)

Incessant talking when she supposes nobody near, refusing to speak - standing on one spot for hours - running away - being in Asylum before

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Incessant talking & shouting all night restless & excited.

Name and Medical Designation, James Munro. M.D. L.R.C.

Place of Abode, Moffat

DATED this 21st day of Sept One thousand eight hundred and eighty eight

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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 Mackenzie being a (1) Bachelor in Medicine & Master in Surgery of the University of Aberdeen and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 2 Buccleuch St. Moffat 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) Insane appearance wild & excited. Talks almost incessantly. Stands in one position for hours. &c.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Restless & excited. Has been in the Asylum before

Name and Medical Designation, John Mackenzie

Place of Abode Vicarlands, Moffat.

DATED this 21st day of Sept One thousand eight hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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) 2 Buccleuch St. Moffat in the County of Dumfries, seen and personally examined Mary Ann 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.

James Munro M.D. L.R.C.S. Edin.

DATED this 21st day of Sept One thousand eight hundred and Eighty eight.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Mr. John Johnstone, 2 Buccleuch Street Moffat Certificates under the hands of James Munro and John Mackenzie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Ann Johnstone, 2 Buccleuch St. Moffat and that the said Mary Ann Johnstone is a (5) person (Peter Daughter) 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 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 Ann Johnstone which accompanied the said Petition.

DATED this Twenty fourth day of September One thousand eight hundred and eighty eight 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.

I hereby request the Superintendent of the Southern Counties Asylum to receive therein Mary Ann Johnstone to whom the foregoing Certificate of Emergency refers

Mother

Ann Johnstone

2 Buccleuch Street N.

21st Sept. 1888

No. 5313.

Mary Ann Johnstone

Admitted 24 Sept. 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (1) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (1)~~ Shire of Dumfries ~~and his Substitutes~~ of Galloway his substitutes

The Petition of George Little 44 per Nithsdale Combination Poorhouse Thornhill

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that ~~Mrs Elizabeth Boustead or Little~~ your Petitioner's (2) wife ~~Elizabeth Little~~ is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Boustad or Little to the Crichton Asylum and to sanction her admission into the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) George Little

Dated this ~~twenty eighth~~ twenty eighth (3) day of September One thousand eight hundred and ~~eight~~ eight-

(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,	Elizabeth Boustad or Little
2. Sex and Age,	F. aged 53
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Matron of Poorhouse
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	U. N. C. Poorhouse
7. Place where Found and Examined,	U. N. C. Poorhouse
8. Length of time Insane,	Four months
9. Whether First Attack,	yes.
10. Age (if known) on First Attack,	53
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	—
12. Duration of Existing Attack,	Four months
13. Supposed Cause,	?
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not Pauper -
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	George Little, Husband U. N. C. Poorhouse No one 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 ~~twenty fifth~~ twenty sixth day of September One thousand eight hundred and eighteight

(*To be signed by the Party applying*) George Little

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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) Doctor of Medicine of Glasgow Univer
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Upper Nithsdale Combination Poorhouse in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Boustad or Little residing at Upper Nithsdale Combination Poorhouse and that the said Elizabeth Boustad or Little is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Says £100 have been offered for her head. Cannot sleep on account of noise caused by people entering her room from the roofs &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Husband & miss Little (daughter) Has on two occasions attempted suicide by drowning & once by drinking spirit of Chlor

Name and Medical Designation, Thomas Davidson M

Place of Abode, Thornhill

DATED this 25th day of September One thousand eight hundred and eighty eight

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Clarke
being a (1) Graduate in Medicine of Glasgow University
and being in actual practice as a (2) physician and Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) The Southern Counties Asylum, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Boustad or Little Matron of Upper Nithsdale Combination Poorhouse and that the said Elizabeth Boustad or Little is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Looks terribly depressed, and shows a great dis[illegible] to answer questions.— her one wish, being, she [illegible] Says she constantly hears voices swearing a[illegible] suggesting to her to do evil to herself and [illegible]

(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, Frederick Hugh Cl

Place of Abode 29 Castle Street Dumf

DATED this twenty-fourth day of September One thousand eight hundred and Eighty eight

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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) Doctor of Medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) Upper Nithsdale Comb. Poorhouse in the County of Dumfries, seen and personally examined Elizabeth Boustad or 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.

Thos. Davidson M D

DATED this 25th day of September One thousand eight hundred and eighty eight

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Burns Shrott (1) Hon Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) George Little, Upper Nithsdale Combination Poorhouse, Thornhill, Certificates under the hands of Thomas Davidson, M.D. 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) Elizabeth Boustad or Little, (Petitioner's Wife) and that the said Elizabeth Boustad or Little is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Boustad or Little 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 Boustad or Little which accompanied the said Petition.

DATED this Twentyeighth day of September One thousand eight hundred and eighty eight years

W H Shrott

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.

I hereby request the Superintendent of the C
Royal Institution to receive therein Elizabeth B
or Little to whom the foregoing Certificate
Emergency refers.

Husband of Patient

George Little

25 September 1888

The Boardhouse, Tho

No. 5314.
Elizabeth Boustad
or
Little
Admitted 25 September
1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) 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 Isabella Cowan or Milligan 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 Cowan or Milligan to the Southern Counties Asylum and to sanction her admission into the said Asylum. two words delete

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) Miles McInnes

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this First (4) day of October One thousand eight hundred and Eighty Eight 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 Cowan or Milligan
2. Sex and Age,	(56) Female
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,	48 Brewery St Dumfries
7. Place where Found and Examined,	
8. Length of time Insane,	Several Weeks
9. Whether First Attack,	No
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	S.C. Asylum 12 years ago
12. Duration of Existing Attack,	
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	~~No~~ Yes might be
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	29th Sept 1888
19. Christian Name and Surname, and Place of Abode of nearest known 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 Cowan brother Frian Vennel Daughter already in 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 29th day of September One thousand eight hundred and Eighty Eight

(*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 Gaubaldi Marshall being a (1) graduate in Medicine of the University Physician and Surgeon and do hereby certify, on soul and conscience, that I have this day, at (3) 48 Bruce Street Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Isabella Cowan or Milligan a pauper and the said Isabella Cowan or Milligan is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) General appearance Rambles in her conversation &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) made attempts on the life of her Mother. and the neighbours say she is in danger of their life

Name and Medical Designation, J. Gaubaldi Marshall M.D.

Place of Abode, Buccleuch St Dumfries

DATED this Twenty Ninth day of September One thousand eight hundred and Eighty Eight 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, Robert Swan Coulthard being a (1) Bachelor of Medicine & Master in Surgery Edinburgh University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Isabella Cowan Milligan a pauper at the Brewery Street and the said Isabella Milligan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Restless behaviour constantly on the move. says she is a pauper she has to work out; but does not mean that she really is a pauper. Has a little dog which she constantly addresses in insane remarks. Says "I've come here to get rid of it."

(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 Southern Counties Asylum informs me that Mrs Milligan was in the Asylum eight years ago for six months. Has a daughter also residing in the Asylum

Name and Medical Designation, R. Swan Coulthard M.B.

Place of Abode George Street, Dumfries

DATED this 1st day of October One thousand eight hundred and eighty-eight

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Joseph Garibaldi Marshall being (1) graduate in medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) 48 Brewery St Dumfries in the County of Dumfries, seen and personally examined Isabella Cowan or Milligan, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J G Marshall MB &c

DATED this Twenty first day of September One thousand eight hundred and eighty eight

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, of the (1) County (1) of Dumfries having had produced to me, with a Petition at the instance of (3) Wm McInnes, Inspector of Poor Dumfries Certificates under the hands of Joseph Garibaldi Marshall, and Robert Swan Coulthard, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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) Isabella Cowan or Milligan, 48 Brewery St, Dumfries (Pauper) and that the said Isabella Cowan or Milligan is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Isabella Cowan or Milligan as a Patient into the (6) Public — Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Cowan or Milligan which accompanied the said Petition.

DATED this First day of October One thousand eight hundred and eighty eight years.

David Boyle Stoppani

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.

I hereby request the Superintendent of the Southern Counties Asylum to receive therein Isabella Cowan or Milligan to whom the foregoing Certificate of Emergency refers

Miles McInnes
Inspector of Poor
Dumfries

Dumfries
29th Sept 1888.

No. 5315.
Isabella Cowan or Milligan
Dumfries
Admitted 29 September 1888

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway at Dumfries

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) William Affleck, 6 Kelvingrove Terrace, Glasgow

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that William McClymont Affleck,

(4) State degree of Relationship, or other capacity 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 William McClymont Affleck, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

William Affleck

(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 October, One thousand eight hundred and eighty Eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William McClymont Affleck
2. Sex and age,	Male. Thirty two
3. Married, Single, or Widowed,	single
4. Condition of Life and previous Occupation (if any),	Bank Clerk
5. Religious Persuasion, so far as known.	Protestant
6. Previous place of abode,	Durban. Natal South Africa
7. Place where found and examined,	Dumfries
8. Length of time Insane,	about a year
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	31
11. When and where previously under Examination and treatment,	no previous treatment
12. Duration of Existing Attack,	about a year
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 Affleck. Father 6 Kelvingrove Terrace Glasgow. An Aunt.
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 October One thousand eight hundred and eighty eight.

(To be signed by the Party applying) William Affleck

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -)
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - -)
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -)
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - -)
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? - - - -)
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -)
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -)
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - -)
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? -)
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - -)
13. What changes have taken place in his bodily symptoms? - - - - -)
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - -)
16. Has he threatened or attempted violence to others? If so, in what way? - -)
17. How long has he been insane? - - - -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, Frederick Hugh Clarke
being (1) Graduate in Medicine of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) 29 Castle Street
in the County of Dumfries, seen and personally examined
William McClymont Affleck, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Frederick H. Clarke

DATED this 4th day of October one thousand eight hundred and Eighty eight

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Frederick Hugh Clarke
being a (1) Graduate in Medicine and Master in Surgery of Glasgow University
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day at (3) 29 Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William McClymont Affleck Bank-Clerk. Durban, Natal S. Africa and that the said William William McClymont Affleck is a (5) person of unsound mind and a proper person to be detained 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 very marked indecision and tendency to wander when answering questions. Says he is pursued by voices which threaten to murder him for some money he falsely came into possession of—

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, Frederick H. Hugh Clarke M.B.C.M.

Place of Abode, 29 Castle Street Dumfries

DATED this 4th day of October One thousand eight hundred and eighty eight —

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Hunter Dryden
being a (1) Licentiate of the Royal College of Physicians of Edinr
and being in actual practice as a (2) General practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 29 Castle Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William McClymont Affleck Bank Clerk of Durban, Natal, S. Africa and that the said Wm McClymont Affleck is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) He is very dull and indecisive and incoherent. He chatters incessantly and can give no rational account of himself. He does not answer the simplest questions intelligently.

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 L.R.C.P.E.

Place of Abode, 26 Castle St Dumfries

DATED this 4th day of October One thousand eight hundred and eighty eight years —

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, Norman Macpherson (1) Sheriff of ~~the~~ (2) Dumfries and Gallowa, having had produced to me, with a Petition at the instance of (3) William Affleck 6 Kelvingrove Terrace, Glasgow Certificates under the hands of Frederick Hugh Clarke and James Hunter Dryden, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mc Clymont Affleck, (Petitioner's Son), and that the said William Mc Clymont Affleck is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Mc Clymont Affleck as a Patient in the Crichton Royal Institution for the Insane at Dumfries, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Mc Clymont which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Fifth day of October One thousand eight hundred and eighty eight years, one word deleted

Norman Macpherson

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, William Mc Clymont Affleck.

Date of Admission, 4 October 1888

No. 5276

I hereby request the Superintendent of the Crichton Royal Institution to receive therein William Mc Clymont Affleck to whom the foregoing Certificate of Emergency refers

Father of Patient

William Affleck

4 October 1888

6 Kelvingrove Terrace Glasgow

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway at Dumfries *and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) George F. Johnston, Draper, Ayr, Lochwinnoch, Ayrshire

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that David Brown Johnston

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) father

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said David Brown Johnston to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

George F. Johnston

(5) The date of the Petition must be within four-teen clear days following the dates of the Medical Certificate.

DATED this fifth (5) day of October One thousand eight hundred and eighty eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	David Brown Johnston
2. Sex and age,	Male. 67
3. Married, Single, or Widowed,	married.
4. Condition of Life and previous Occupation (if any),	None recently, formerly a merchant.
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	Lochwinnoch, Ayrshire.
7. Place where found and examined,	Dumfries
8. Length of time Insane,	unknown.
9. Whether First Attack,	no. Has had 7 or 8 previous attacks.
10. Age (if known) on First Attack,	~~unknown~~ 45-50 years.
11. When and where previously under Examination and treatment,	Morningside, Carstairs, Crichton.
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,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of that Family known to be or to have been Insane,	Annie Aitken MacDonald or Johnston - wife Kaim, Lochwinnoch. 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 fifth day of October One thousand eight hundred and eighty eight.

(To be signed by the Party applying) George F. Johnston

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - -
3. Is the natural disposition cheerful or mel... choly—reserved or frank, - - -
4. Were the Patient's habits steady and industrio... or unsettled and intemperate? - -
5. Has the Patient been insane before? If so, h... often? How was he affected? How lon... Where was he treated? - - -
6. What relatives of the Patient have been epil... tic, paralytic, intemperate, eccentric, ... insane? - - - - - -
7. What was the cause of death (if dead) in t... case of his father and mother, brothers ... sisters? What diseases has he or his rel... tives been subject to? - - - -
8. Did any disease or accident, pregnancy or nu... ing, change of circumstances, or afflictio... predispose the Patient to this attack? -
9. Was there any immediate cause of the attac... that directly brought it on, *e.g.*, ment... shock, childbirth, &c.? - - -
10. What were the first symptoms of ment... derangement observed, *e.g.*, alteration ... conduct or disposition, elevation, depre... sion, fancies, &c.? - - - -
11. Were there any bodily symptoms present a... 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'... mental symptoms since the attack com... menced? - - - - - -
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? - -

Aug 4th October 1888. I hereby request the Superintendent of the Crichton Royal Institution to receive therein Mr David Brown Johnson to whom the foregoing Certificate of emergency refers -

George F. Johnson

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, Frederick Hugh Clarke being (1) Graduate in Medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) 29 Castle Street in the County of Dumfries, seen and personally examined David Brown Johnstone, retired draper, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Frederick Hugh Clarke M.D.

DATED this 4th day of October One thousand eight hundred and Eighty eight -

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE—No. I.

I the undersigned, Frederick Hugh Clarke 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) 29 Castle Street Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) David Brown Johnstone, retired draper and that the said David Brown 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) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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 greatly excited, talks incessantly, and quite incoherently on all kinds of subjects. Has shown decided symptoms of being violent—

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Geo. Taylor Attendant, Crichton R. Institution informs me that he has today seen him very violent, striking at people, biting them, and breaking all glass he comes in contact with.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Fred H Clarke M.B. C.M.

Place of Abode, 29 Castle Street Dumfries

DATED this 4th day of October One thousand eight hundred and eighty eight—

MEDICAL CERTIFICATE—No. II.

I the undersigned, James Hunter Dryden 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) 29 Castle street, Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) David Brown Johnstone retired draper, of Ayr and that the said David B 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) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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 violent and excited, shouts at the pitch of his voice and attempts to injure those near him— His conversation is very incoherent, profane, & obscene—

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) By his attendant — Taylor — He has had previous residence in the Asylum — Is very violent & outrageous

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J Hunter Dryden M.R.C.P.Ed

Place of Abode, 26 Castle St. Dumfries

DATED this 4th day of October One thousand eight hundred and eighty eight years—

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, *or* Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, Norman Macpherson, (1) Sheriff of the (2) Dumfries and Galloway, having had produced to me, with a Petition at the instance of (3) George H[illegible] son, Draper, Ayr, Certificates under the hands of Frederick Hugh Clarke and James Hunter Dryden being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined the Petitioner's alleged Patient David Brown Johnson Lochwinnoch, Ayrshire and that the said David Brown Johnson is a (3) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Brown Johnson as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David Brown Johnson which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.

DATED this Fifth day of October, One thousand eight hundred and eighty eight year. one word deleted

Norman Macpherson

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, David Brown Johnson

Date of Admission, 4 October 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) ~~Shire~~ of Dumfries & Galloway and his Substitutes,—

The Petition of Archibald Dempster, Inspector of Poor, City Parish, Glasgow, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Hessan or Sweenie, Pauper ~~your Petitioner's~~ (3) from the Royal Infirmary, Glasgow, presently Chargeable to said 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 Ann Hessan or Sweenie, to the Crichton Royal Institution, Dumfries, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) A Dempster

(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 October One thousand eight hundred and 88.

STATEMENT.

If any 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 Hessan or Sweenie
2. Sex and Age,	Female, 30 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,	From Royal Infirmary Glasgow
7. Place where Found and Examined,	Glasgow Royal Infirmary & 318 Parliamentary Road, Glasgow.
8. Length of time Insane,	Two months.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	30 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Not previously under treatment.
12. Duration of Existing Attack,	Two months.
13. Supposed Cause,	Recent Confinement.
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,	City Parish Glasgow.
18. Date of becoming Chargeable,	5th October 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Peter Sweenie, resides at 13 Eastfield Street, Glasgow.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 5th day of October One thousand eight hundred and 88.

(*To be signed by the Party applying*) A Dempster

Inspector of Poor, City Parish 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, H Macknight Wilson being a (1) Graduate in Medicine of Glasgow University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Royal Infirmary Glasgow in the County of Lanark separately from any other Medical Practitioner visited and personally examined (4) Ann Hossan or Sweenie, Pauper residing at Royal Infirmary, Glasgow and the said Ann Hossan or Sweenie, 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 imagines she is being tempted by some Spirit: that she is dying: that her heart is split in two, and that she is unable to walk.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
She has refused to take food: gets out of bed and wishes to escape: imagines she will not recover.

Information from Jessie Alexander, nurse in ward 30.

Name and Medical Designation, H. Macknight Wilson M.B.

Place of Abode, 30 Grafton Square. Glasgow

DATED this 5th day of October One thousand eight hundred and 88.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 being a (1) Graduate in Medicine of Glasgow Univ 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) Ann Hossan or Sweenie Pauper, late of Royal Infirmary Glasgow and the said Ann Hossan or Sweenie Pauper 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) Thinks she sold herself to the Devil and that he to her in the shape of a black that she is dead & her heart has out of her. She is quite incapable

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her Husband tells me she has threatened to take away her life by cutting her throat

Name and Medical Designation, Geo Buchan M.

Place of Abode House, Town's Hospital,

DATED this 5th day of Oct One thousand eight hundred and 88

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, W. Macknight Wilson
being (1) Graduate in Medicine of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) Royal Infirmary, Glasgow.
in the County of —— Lanark ——, seen and personally examined
Ann Hessan or Sweenie, 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. Macknight Wilson Sub. Ch.

DATED this 5th day of October One thousand eight hundred and 88.

(1) 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) Archibald
Dempster, inspector of Poor City Parish Glasgow,
Certificates under the hands of W. Macknight Wilson
and George Buchan ——, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 (a Pauper)
Hessan, or Sweenie, 318 Parliamentary Road, Glasgow,
and that the said
Ann Hessan or Sweenie is a (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 Hessan or Sweenie 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 Ann Hessan or Sweenie which accompanied the said Petition.

DATED this Sixth day of October One thousand eight hundred and eighty eight 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.

I hereby request the Superintendent of t
Crichton Royal Institution to receive there
Ann Hessan or Sweenie to whom t
foregoing Certificate of Emergency refers.

A Dempster

Inspector of Poor, City Parish, Glasg

Glasgow, 5th October 1888.

No. 5318.
Ann Hessan or Sweenie
City Parish, Glasgow
admitted 5 October 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries & Galloway *and his Substitutes,*—

The Petition of John Johnstone, Cummertrees School House, Annan,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Agnes Johnstone, your Petitioner's (3) Wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said — Mrs. Agnes Johnstone — to the Crichton Institution and to sanction her admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying). John Johnstone

(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 Oct. — One thousand eight hundred and eighty Eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mrs Agnes Johnstone
2. Sex and Age,	Female. 44.
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,	Cummertrees School House. Annan. Dumfriesshire
7. Place where Found and Examined,	Palace House Cottage. Kirkpatrick Juxta Dumfriesshire
8. Length of time Insane,	Ten days.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	—
12. Duration of Existing Attack,	Ten days.
13. Supposed Cause,	Seeing friend taken away to Asylum.
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,	John Johnstone Cummertrees School House, Annan. Husband — no.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated

DATED this 14th day of Oct. — One thousand eight hundred and eighty Eight.

(To be signed by the Party applying) John Johnstone

P. p.

MEDICAL CERTIFICATE, No. 1.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Munro ——— being a (1) Doctor of Medicine. University of Edinburgh & Licentiate of the Royal College of Surgeons Edin. and being in actual practice as a (2) Physician & Surgeon ——— do hereby certify, on soul and conscience, that I have this day, at (3) Palace Knowe Cottage. Kirkpatrick Juxta ——— in the County of Dumfries ——— separately from any other Medical Practitioner, visited and personally examined (4) Mrs Agnes Johnstone ——— Palace Knowe Cottage, Kirkpatrick Juxta ——— and that the said Mrs Agnes 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)

Muttering & talking to herself - always taken about lost Keys - about being judged by the second Judgement &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 occasionally getting violent.

Name and Medical Designation, James Munro M.D. L.R.C.S.

Place of Abode, Moffat

DATED this — 7th — day of — Oct. — One thousand eight hundred and eighty eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Mackenzie ——— being a (1) Bachelor in Medicine & Master in Surgery ——— of the University of Aberdeen ——— and being in actual practice as a (2) Physician & Surgeon ——— do hereby certify, on soul and conscience, that I have this day, at (3) Palace Knowe Cottage, Kirkpatrick Juxta ——— in the County of Dumfries ——— separately from any other Medical Practitioner, visited and personally examined (4) Mrs Agnes Johnstone ——— Palace Knowe Cottage, Kirkpatrick Juxta ——— and that the said Mrs Agnes Johnstone ——— is a (5) Person of unsound mind ——— and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Insane appearance Talks almost incessantly & incoherently. Says dead children are at a cellar under neath her room: that her son has lost his bowels: that she herself has lost her teeth &c &c.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Mrs Ewart says she continually behaves in this manner, & sometimes imagines she sees dead men & women occasionally gets excited &c.

Name and Medical Designation, John Mackenzie M.B.

Place of Abode Moffat.

DATED this — 7th — day of — Oct. — One thousand eight hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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) Palacekuum Cottage, Kirkpatrick Fleming
in the County of Dumfries, seen and personally examined
Mrs Agnes 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.

James Munro. M.D. L.R.C.S. Edin.

DATED this 7th day of Oct. One thousand eight hundred and eighty eight.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Norman Macpherson, (1) Sheriff of Dumfries and Galloway,
having had produced to me, with a Petition at the instance of (2) John Johnstone, Cammertrees School House Annan,
Certificates under the hands of James Munro,
and John Mackenzie, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Agnes Johnstone, Palace Knowe Cottage, Kirkpatrick Fleming (Petitioners wife) and that the said Mrs. Agnes Johnstone is a (3) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mrs Agnes Johnstone as a Patient into the (5) Public Asylum of Crichton Royal Institution, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Agnes Johnstone, which accompanied the said Petition.

DATED this Eighth day of October One thousand eight hundred and eighty eight years.

Norman Macpherson

To the Superintendent of the (6) 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.

I hereby request the Superintendent of the Crichton Institution to receive therein Mrs Agnes Johnstone to whom the foregoing Certificate of Emergency refers

John Johnstone. Husband

4th Oct. 1888

No. 5319.

Mrs Agnes Johnstone

Admitted 5th October 1888

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N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

) Sheriff or Steward.
) Shire or Stewartry.

Unto the Honourable the (1) ~~County~~ Sheriff ~~of the (2) Dumfries County~~ *of* Dumfries & Galloway *and his Substitutes,—*

The Petition of Archibald Dempster. Inspector of Poor. City Parish. Glasgow humbly shewth that it appears from the subjoined Statement and accompanying Medical Certificates, that Christina McNeil Carmichael pauper residing City Poorhouse, Glasgow and presently chargeable to same Parish ~~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 Christina McNeil Carmichael, to the ...ton Institution, Dumfries, — and to sanction her admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Luna-

(To be signed by the Party applying) A. Dempster

(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 October, One thousand eight hundred and 88.

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,	Christina McNeil Carmichael
Sex and Age,	Female. 28 years.
Married, Single, or Widowed,	Single.
Condition of Life, and previous Occupation (if any),	Servant.
Religious Persuasion, so far as known,	Protestant.
Previous Place of Abode,	In City Poorhouse since 10 Sept 1888
Place where Found and Examined,	In City Poorhouse
Length of time Insane,	A few weeks
Whether First Attack,	Yes so far as known.
1 Age (if known) on First Attack,	28 years.
1 When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Not previously so far as known
1 Duration of Existing Attack,	A few weeks
1 Supposed Cause,	Unknown
1 Whether subject to Epilepsy,	No
1 Whether Suicidal,	Unknown
1 Whether Dangerous to others,	Yes
1 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish. Glasgow
1 Date of becoming Chargeable,	11th October 1888
1 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Sister Mrs Fairlie. Hillhead Balfron.
2 Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 11th day of October, One thousand eight hundred and 88

(To be signed by the Party applying) A. Dempster

P. p.

Inspector of Poor. City Parish. 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 being a (1) Graduate in Medicine of Glasg Univ and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) No 8 Ward The Town's Hospital, Glasgow in the County Lanark separately from any other Medical Practitioner visited and personally examined (4) Christina McNeil Carmichael Pauper, a patient thereof and that the said Christina McNeil Carmichael 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 in a rambling incoherent manner, is very forgetful and has the delusion of being in the family to some man about Airdrie for 10 months, thinks she is some lady taught to be in some grand place, is

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Nurse tells me that she wanders about through the night in an excited state and cant be managed, and talks a lot of nonsense

Name and Medical Designation, Geo: Buchan M.

Place of Abode, House, Town's Hospital

DATED this 11th day of Oct-2 One thousand eight hundred and 88, —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Glasg and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) the City Poorhouse, Glasgow in the County Lanark separately from any other Medical Practitioner visited and personally examined (4) Christina McNeil or Carmichael, Pauper, inmate of City Poorhouse Glasgow and that the said Christina McNeil or Carmichael is a (5) lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She imagines ten months pregnant, though there is no sign of pregnancy talks in a silly, incoherent manner; fancies that though working people will provide for her on the streets; she to be cared for.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She is sometimes restless and excited by night well as by day, without reasonable cause - Inform from nurse of ward

Name and Medical Designation, Alex: Robertson, M

Place of Abode 16 Newton Terrace, Glasg

DATED this 11 day of October One thousand eight hundred and 88.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Geo. Buchan
being (1) A Graduate in Medicine of Glasg University
hereby certify, on soul and conscience, that I have this day, at (2) No 8 Ward, The Town's Hospital Glasgow
in the County of Lanark, seen and personally examined Christina McNeil Carmichael, 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.

Geo Buchan MD,

DATED this 11th day of Oct 3 One thousand eight hundred and 88

(1) 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) Archibald Dewhster, Inspector of Poor City Parish, Glasgow, Certificates under the hands of George Buchan and Alexander Robertson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Christina McNeil Carmichael City Poorhouse Glasgow a Pauper, and that the said Christina McNeil Carmichael, is a (4) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Christina McNeil Carmichael 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 Christina McNeil Carmichael, which accompanied the said Petition.

DATED this 2nd day of October, One thousand eight hundred and eighty eight years.

David Boyle Stoke

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.

I hereby request the Superintendent of C[illegible]
Institution. Dumfries to receive there[illegible]
Christina McNeil Carmichael to whom
foregoing Certificate of Emergency refe[illegible]

A Dempster
Inspector of Poor. City Parish

Glasgow 11th Octr 1888

Carmichael.
City Parish of Glasgow
Admitted 11 October 1888

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway at Dumfries

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) William Kenyon Reid, 19 Falkner Street, Liverpool

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that George Albert Reid

(4) State degree of Relationship, or other capacity which Petitioner stands 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 George Albert Reid to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

W K Reid

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this thirteenth day of (5) October One thousand eight hundred and eighty eight

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 Albert Reid
Sex and age,	Male. 24 yrs.
Married, Single, or Widowed,	Single
Condition of Life and previous Occupation (if any),	Clerk
Religious Persuasion, so far as known,	Protestant
Previous place of abode,	19 Falkner St Liverpool
Place where found and examined,	Dumfries
Length of time Insane,	2 years
Whether First Attack,	yes
Age (if known) on First Attack,	—
When and where previously under Examination and treatment,	not under treatment
Duration of Existing Attack,	2 years
Supposed Cause,	unknown
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to others,	no
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
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,	Mr W Kenyon Reid 19 Falkner St Liverpool (Brother)
Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this thirteenth day of October One thousand eight hundred and eighty eight.

(To be signed by the Party applying) W K Reid

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Liverpool
2. Character of Education,	Good
3. Is the natural disposition cheerful or melancholy—reserved or frank,	reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	industrious —
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	no
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	mother has suffered fr melancholia
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	Mother died of Cancer Father died of natural ca
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.?	Loss of appetite dep fits of weeping - confus
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?	Have got worse
13. What changes have taken place in his bodily symptoms?	loss of 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?	2 years ill.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, Richard B Lorraine — being (1) Graduate of Edinburgh University — hereby certify, on soul and conscience, that I have this day, at (2) 16 Castle St in the County of ~~Dumfries~~ ~~George Albert Reid~~ George Albert Reid —, seen and personally examined person is of unsound mind, and 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 thirteenth day of October One thousand eight hundred and eighty eight years.

(1) State Medical qualification. (2) State Place of examination.

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) Medical Practitioner
hereby certify, on soul and conscience, that I have this day at (3) 16 Castle St
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) George Albert Reid, Railway
Clerk. 19 Faulkner St. Liverpool and that
the said George Albert Reid is a (5) person
of unsound mind and a proper persop 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 dull
looking, has great difficulty in answering questions, sometimes
giving wrong answers, is very weak minded so much so that
he cannot carry on the simplest conversation,

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His brother says he has lost his memory entirely not
remembering anything told him, does not recognise whether it
is a good or bad day, sometimes saying a wet day is a good
one, keeps looking about the room as if he were suspicious of
something or some being in the room.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, R B Lorraine MBCM

Place of Abode, 16 Castle St. Dumfries

DATED this thirteenth day of Oct. One thousand eight
hundred and eighty eight years

MEDICAL CERTIFICATE—No. II.

I the undersigned, Frederick Hugh Clarke
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) 16 Castle Street
Dumfries. in the County of
Dumfries. separately from any other Medical Practitioner,
visited and personally examined (4) George Albert Reid, Clerk
Liverpool and that
the said George Albert Reid is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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) Shows great
obtuseness of mind even on being asked the simplest questions.
At times also incoherent in his replies. Admits hearing
and being disturbed by voices especially at night.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Communicated by his brother Wm Kenyon Reid,
9, Falkner Street Liverpool. Says his brother's memory is very bad. And
that he forgets everything he is told, is extremely suspicious
of friends, and also about articles of furniture &c.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Fred. H. Clarke

Place of Abode, 29 Castle Street, Dumfries.

DATED this thirteenth day of October One thousand eight
hundred and Eighty Eight

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMIS[S]ION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, *or* Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, 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 [illegible] Reid, 19 Falkner Street Liverpool Certificates under the hands of Richard D. Lorraine and Frederick Hugh Clarke, being two Medical P[ractitioners] duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Albert Reid 19 Falkner St. Liverpool Esher England and that the said George Albert Reid is a (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 Albert Reid 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 George Albert Reid which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.

DATED this Thirteenth day of October One thousand eight hundred and eighty eight years

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, George Albert Reid

Date of Admission 13 October 1888

I hereby request the Superintendent of the Crichton Royal Institution to receive George Albert Reid to whom the foregoing Certificate of Emergency refers.

Dumfries
13 Octr 1888

A. J. Reid

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 at Dumfries;—

——— *and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) John Armstrong, Farmer, Hannah Farm, [Cummertrees, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that George Armstrong, Farmer, Hannah Farm, Cummertrees,

(4) State degree of Relationship, or other capacity which Petitioner stands 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 George Armstrong, — — — — to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

John Armstrong

(5) The date of the Petition must be within four clear days following the dates of the Medical Certificate.

DATED this 13th (5) day of October One thousand eight hundred and eighty eight 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,	George Armstrong
2 Sex and age,	male 43 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,	Hannah farm Cummertrees,
7 Place where found and examined,	Dumfries
8 Length of time Insane,	twelve months (about)
9 Whether First Attack,	1st attack
10 Age (if known) on First Attack,	42 yrs
11 When and where previously under Examination and treatment,	not under treatment
12 Duration of Existing Attack,	about a year
13 Supposed Cause,	unknown
14 Whether subject to Epilepsy,	no
15 Whether Suicidal,	no
16 Whether Dangerous to others,	no
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	not a pauper
18 Date of becoming Chargeable,	—
19 Christian Name and Surname, and Place of Abode of nearest known 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 Armstrong Farmer Hannah Farm Cummertrees mother in the R.A.
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 13th day of October One thousand eight hundred and eighty eight years.

(To be signed by the Party applying). John Armstrong

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane? - - -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, Hugh Cunningham ——————————
being (1) a Licentiate of the Royal College of Physicians in Edinburgh —
hereby certify, on soul and conscience, that I have this day, at (2) 20 Castle Street Dumfries
in the County of Dumfries ——————, seen and personally examined
George Armstrong ——————————, and that the said person is of unsound mind, and 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.

DATED this thirteenth day of October One thousand eight hundred and eighty eight 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) 25 Castle Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) George Armstrong, Farmer, Hunah, Cummertrees, Dumfriesshire and that the said George Armstrong is a (5) person of sound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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 and he is melancholic.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His brother informs me that he is restless and sleepless, and that his mother is insane

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Hugh Cunningham M.D.

Place of Abode, 25 Castle Street Dumfries

DATED this thirteenth day of October One thousand eight hundred and eighty eight years

MEDICAL CERTIFICATE—No. II.

I, the undersigned, John Cunningham
being a (1) licentiate of the Royal College 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) 25 Castle Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) George Armstrong, Farmer Hunah, Cummertrees, Dumfriesshire and that the said George Armstrong is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) He has the look & appearance of an insane Person. He tells me that he has frightful dreams at night.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He is very sleepless and is greatly given to moaning & groaning at night. His mother is an inmate of the Southern Counties Asylum at present — Of the above I am informed by his brother

(7) *State the Information, and from whom derived.*

Name and Medical Designation, John Cunningham M.D. C.M.P.H.

Place of Abode, 35 Buccleuch Street, Dumfries

DATED this thirteenth day of October One thousand eight hundred and eighty eight years

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, *or* Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope, (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Armstrong Farmer, Hannah Jane Cummertrees 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) Describe the Patient, and if a Pauper, state so.

George Armstrong, Farmer, Hannah Jane Cummertrees, (Petitioners Brother) and that the said George Armstrong, is a (5) person of unsound mind

(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said George Armstrong, now as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the Medical Certificates, and a Statement regarding the said George Armstrong which accompanied the said Petition.

DATED this Sixteenth day of October, One thousand eight hundred and eighty eight.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, George Armstrong.

Date of Admission, 13 October 1888

I hereby request the Superintendent of the Crichton Royal Institution to receive therein George Armstrong to whom the foregoing Certificate & Statement refers

John Armstrong

Dumfries
13 October 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2)~~ Shire of Dumfries Galloway *and his Substitutes*—

The Petition of John Carruthers – Beattock Farm [Beattock

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Carruthers, Bank Square [Moffat

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 Carruthers to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) John Carruthers

(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 October One thousand eight hundred and eighty eight

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Carruthers
2. Sex and Age,	Female. 46
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,	Bank Square. Moffat
7. Place where Found and Examined,	Bank Square. Moffat
8. Length of time Insane,	
9. Whether First Attack,	No
10. Age (if known) on First Attack,	33
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	1875. Southern Counties Asylum
12. Duration of Existing Attack,	one month
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	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,	John Carruthers – Beattock Farm Beattock. Dumfriesshire. 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 15th day of October One thousand eight hundred and eight eight

(*To be signed by the 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.

I, the undersigned, James Munro being a (1) Doctor of Medicine. University of Edin & a Licentiate of the Royal College of Surgeon. Ed and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Bank Square Moffat in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary Carruthers. Bank Moffat 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Talking and raving - saying God is the Vig Whore master in the world, that she had sitting at the communion table with the that Every body were whores &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 - getting up in church & interrupting the service. Threatening her Sister & Sister in law with a Knife

Name and Medical Designation, James Munro. M.D. L.R.C.

Place of Abode, Moffat

DATED this 15th day of October One thousand eight hundred and eighty eight

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Mackenzie being a (1) Bachelor in Medicine and Master in Surgery of the University of Aberdeen and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Bank Square Moffat in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Carruthers. Bank Square Moffat 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Insane and excited appearance. Talks incoherently. Says God is her enemy & is against her &c. Is inclined to be outrageous.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Brother says she has been twice in the Asylum before. Yesterday she interrupted the service in church by shouting at the minister &c.

Name and Medical Designation, John Mackenzie M.D.

Place of Abode Moffat.

DATED this 15th day of October One thousand eight hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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) Bank Square. 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. Edw

DATED this 15th day of October One thousand eight hundred and eighty eight.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

, David Boyle Hope (3) Sheriff Substitute
f the (2) County of Dumfries
aving had produced to me, with a Petition at the instance of (3) John Carruthers
Beattock Farm, Beattock
Certificates under the hands of James Munro
nd John Mackenzie, being two Medical Persons
uly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Carruthers, Bank Square, Moffat (Pt's Sister) and that the said Mary Carruthers is a (5) person of unsound mind

nd a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to ceive the said Mary Carruthers as a Patient into the Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith e said Medical Certificates, and a Statement regarding the said Mary Carruthers hich accompanied the said Petition.

DATED this Sixteenth day of October One thousand eight ndred and eighty eight 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.

I hereby request the Superintendent of the Southern Counties Asylum to receive therein Mary Carruthers of whom the foregoing Certificate of Emergency refers

Brothers
John Carruthers
Beathock Farm. Benhock. Dumfries

15th Oct. 1888

Mary Carruthers
Admitted 15 October 1888

9,630.

[FORM B²]

GENERAL BOARD OF LUNACY
11 OCT 88
SCOTLAND

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT A TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Bessie White, 13 Exchange St: Jedburgh.
being desirous to transfer Jane White
at present a Patient in Mavisbank Private Asylum, and (1) detained at my instance.
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 Jane White 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.

Bessie White
(2) Sister

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Jedburgh this 9th day of October one thousand eight hundred and eighty eight.

STATEMENT.

Christian Name and Surname of Patient at length,	Jane White.
Sex and Age,	Female. 48 Years.
Married, Single, or Widowed,	Single.
Condition of Life, and Previous Occupation (if any),	no occupation
Religious Persuasion, so far as known,	Protestant.
Date of Admission into Asylum,	16th October. 1886.
Length of time Insane,	about 2 years
Whether first Attack,	Yes.
Age (if known) on first Attack,	20.
Duration of existing Attack,	2 years.
Supposed Cause,	Unknown
Whether subject to Epilepsy,	No.
Whether Suicidal,	Yes.
Whether Dangerous to others,	No.
Parish to which the Lunatic (if a Pauper) is Chargeable,	—
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Bessie White. 13 Exchange St. Jedburgh. Sister. None.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Bessie White

DATED this 9th day of October One thousand eight hundred and eighty-eight.

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 John Keay
being (1) a Doctor of Medicine of Glasgow University
hereby certify that I have this day at (2) Mavisbank House Po
personally examined Jane White at presen
Patient in said Asylum, and with respect to his Mental State that she suffe
from melancholia, states that she has bro
ruin + disaster upon all her relatives; sh
has done nothing but evil all her life, sh
wishes to die. ; and with respect to
Bodily Health and Condition that they are good,

(1) State Medical Qualifications.
(2) Name Asylum.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily C
dition of the Patient to contraindicate removal to the Asylum of Crichton Roy
Institution, Dumfries.

John Keay.

DATED this Tenth day of October One thousand eig
hundred and eighty eight. –

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) Miss Bessie White
to authorize the transfer of Miss Jane White
from Mavisbank Private Asylum to Crichton Royal Institution, and the Board having considered such application a
the accompanying Medical Certificate, do hereby authorize the transfer (2) of the s
Miss Jane White as requested.

John Sibbald *Commissioner.*

DATED at Edinburgh, this 11th day of October O
thousand eight hundred and eighty-eight.

(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 October 1886

No. 5324
Jane White
Admitted 15 October 1886

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff Dumfries & Galloway, of _____ *and his Substitutes,*—

The Petition of John Wallace, residing at Ballinnie, Moniaive, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Wallace, Dunreggan, Moniaive, 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 William Wallace, _____ 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.

John Wallace

DATED this Eighteenth (3) day of October One thousand eight hundred and eighty eight years.

(3) The date of the Petition must be within fifteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1.	Christian Name and Surname of Patient at length,	William Wallace,
2.	Sex and Age,	Male, 43.
3.	Married, Single, or Widowed,	Married.
4.	Condition of Life, and previous Occupation (if any),	Lawyer.
5.	Religious Persuasion, so far as known,	Protestant
6.	Previous Place of Abode,	Dunreggan, Moniaive.
7.	Place where Found and Examined,	Do. Do.
8.	Length of time Insane,	about Twelve months.
9.	Whether First Attack,	Yes
10.	Age (if known) on First Attack,	No.
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,	No.
16.	Whether Dangerous to others,	Not chargeable.
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 Wallace above designed Ballinnie, Glencairn. (Son) 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 Eighteenth day of October, One thousand eight hundred and eighty eight years.

(*To be signed by Party applying*) John 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, John Mair Robertson
being a (1) Bachelor of Medicine formerly Physician
Licentiate of 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) Dumfries
Monaive in the County
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) William Wallace
and
the said William Wallace 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 blames his wife for Adultery.
He sees men coming about the house for that purpose.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
He watches his Wife closely.
He reads the Bible about & convinces her of them
He had a pocket filled with Stones
Information received from Mr Robert Broadfoot Monaive

Name and Medical Designation, John Mair Robertson M Physician & Surgeon

Place of Abode, Dumbreck Penpont

DATED this 6th day of October One thousand hundred and Eighty eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Macamitosh Bayfour
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) Dunraggan
Monaive in the County
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) William Wallace, Dunraggan
Monaive.
and
the said William Wallace 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 states that his wife pays men to commit adultery with her not being the case – his wife being nearly 80 years old.
He cannot be convinced of his error.
He stated that he has heard his wife calling for her lovers in the middle of the night

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
He occasionally becomes outrageous on account of his wife's (as he calls them) imagined) persistent adultery, using use of profane & obscene language & threatening that there will be bloodshed before long.
Information derived from Mr Wallace, Ballmaw

Name and Medical Designation, John M. Bayfour M.B.C.S

Place of Abode Broomfield Monaive

DATED this 15th day of October One thousand hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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) Sheriff Substitute
of the (4) County of Dumfries,
having had produced to me, with a Petition at the instance of (5) John Wallace,
residing at Balmaw Monaive,
Certificates under the hands of John Mair Robertson,
and John Mackintosh Balfour, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) William Wallace Dunreggan, Monaive (Bro. Father) and that the said William Wallace, is a (7) Lunatic,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Wallace, as a Patient into the (8) Public Asylum of Crichton Royal Institution, and I authorize also Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Wallace, which accompanied the said Petition.

DATED this Eighteenth day of October, One thousand eight hundred and eighty eight years.

To the Superintendent of the (9) Public Asylum of Southern Counties Dumfries.

D H Scott

(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. 5325.

William Wallace.

Admitted 18 October 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2)~~ County of Dumfries & Galloway *and his Substitutes*—

The Petition of David Johnston, Inspector of Poor, Middlebie,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Scott, Dunnabie Cottages, Middlebie, 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 Scott 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.

David Johnston

(4) The date of the Certificates must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Seventeenth (4) day of October, One thousand eight hundred and Eighty eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1.	Christian Name and Surname of Patient at length,	Isabella Scott.
2.	Sex and Age,	Female 39 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,	Castlehill.
7.	Place where Found and Examined,	Dunnabie Cottages
8.	Length of time Insane,	—
9.	Whether First Attack,	First
10.	Age (if known) on First Attack,	—
11.	When and where previously under Examination and Treatment,	—
12.	Duration of Existing Attack,	—
13.	Supposed Cause,	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,	Middlebie Parish
18.	Date of becoming Chargeable,	7th October 1888.
19.	Christian Name and Surname, and Place of Abode of nearest known 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 Scott Dunnabie Cottages (Mother) No Member of the 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 Seventeenth day of October, One thousand eight hundred and Eighty eight

(*To be signed by Party applying*) David Johnston Insp. of Poor

P. P.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James Gibson

being a (1) Licentiate of the Faculty of Physicians & Surgeons in Glasgow

and being in actual practice as a (2) Genl Medical Practitioner

hereby certify, on soul and conscience, that I have this day, at (3) Dunnabie Cottages, Middlebie Parish, Dumfries in the

separately from any other Medical P

visited and personally examined (4) Isabella Scott.

the said Isabella Scott, is a (5) female of unsound mind and a proper Person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She imagines every body is her enemy but she has the Almighty on her side. That her mother & her enemies against her. That she should read her Bible & do no other work

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She gets up during night in furious temper notified by her mother. She walks armed with a stout stick passes people & are really quite friendly & refuses to speak to Mrs Mc Grahan & Mrs Scott

Name and Medical Designation, James Gibson

Place of Abode, Waterbeck Ecclefechan

Dated this 20 day of October, One thousand hundred and Eighty Eight.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, William Johnston Gordon

being a (1) Graduate of the University 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) Dunnabie Cottages in the Parish of Middlebie in Dumfries

separately from any other Medical Pra

visited and personally examined (4) Isabella Scott,

the said Isabella Scott is a (5) female of unsound mind and a proper person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Conversation by statement, imagines people are conversing against her and threatening to do some terrible harm to her. Refuses to come further her mother to go against her

2. Other Facts (if any) indicating Insanity communicated to me by others (7) from whom facts have been communicated by her aged Mother Mrs Scott

Name and Medical Designation, R. J. Lowry M.B.

Place of Abode Langholm

Dated this 15 day of October, One thousand hundred and 88

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

No. I.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I William Young Hunter Smith (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) David Johnston Inspector of Poor, Middebie, Certificates under the hands of James Gilroy, and William Johnston Carlyle, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Isabella Scott, Dunrabie Cottages, Middebie, (a Pauper) and that the said Isabella 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 Isabella Scott, 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 Isabella Scott, which accompanied the said Petition.

DATED this Eighteenth day of October, One thousand eight hundred and eighty eight years.

W. H. Smith

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. 5326.

Isabella Scott

Middlebie.

Admitted 19 October 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries Stewartry and his Substitutes,—

The Petition of Andrew Wallace Inspector of Poor Govan Combination Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Penelope Wilson or Mitchell 18 Cornwall St Govan 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 Penelope Wilson or Mitchell to the Crichton Royal Institution Dumfries and to sanction her admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Andr. Wallace

(4) The date of the petition must be within fourteen clear days allowing the dates of the Medical Certificates.

DATED this Nineteenth (4) day of October One thousand eight hundred and eighty eight 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,	Penelope Wilson or Mitchell
2. Sex and Age,	34 Years Female
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Domestic
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	18 Cornwall St Govan
7. Place where Found and Examined,	18 Cornwall St Govan
8. Length of time Insane,	about a month
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 month
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,	Govan Combination meantime
18. Date of becoming Chargeable,	19 Oct 1888
19. Christian Name and Surname, and Place of Abode of nearest known 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 Wm Mitchell a fitter 18 Cornwall St Plantation Glasgow none so far as known.
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 Nineteenth day of October One thousand eight hundred and eighty eight Years.

(To be signed by the Party applying) Andr. 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, James Carrey being a (1) Doctor of Medicine of Saint Andrews University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 18 Cornwall Street Plantation Govan in the County of Lanark separately from any other Medical Practitioner visited and personally examined (4) Phillopa Wilson or Mitchell, Pauper 18 Cornwall Street, Plantation, Govan and that the said Phillopa Wilson or Mitchell is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Melancholic will not speak nor answer questions and seems very unhappy.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The woman in charge states that she refuses her food and tearful at times she will not speak and that she is now getting worse and very troublesome at night and tried down stairs Room for her and disturbs the whole house.

Name and Medical Designation, James Carrey

Place of Abode, Govan

DATED this 18th day of October One thousand eight hundred and eighty eight 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 Davie Taylor being a (1) M. D. 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) 18 Cornwall Street Plantation, Govan in the County of Lanark separately from any other Medical Practitioner visited and personally examined (4) Phillopa Wilson or Mitchell Pauper, 18 Cornwall St Plantation, Govan and that the said Phillopa Wilson or Mitchell is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Appearing Melancholic, refuses to speak or answer questions, started crying & hides herself in a corner.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Hayes who has been nursing her since admit, states that she refuses all food, noisy and troublesome at night, & is unable to be at home.

Name and Medical Designation, Robert Davie Taylor M.D.

Place of Abode 7 Bell Place, Paisley R.S.O.

DATED this 18th day of Octr One thousand eight hundred and Eighty eight 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 Davie Taylor being (1) a M.D. University of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) 18 Cornwall St, Pentonville Govan in the County of Lanark seen and personally examined Penelope Wilson or Mitchell, and that the said person is of unsound mind, and 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 Davie Taylor M.D.

DATED this 18th day of Octr One thousand eight hundred and eighty eight 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 Scott (1) Honorary Sheriff Substitute in the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Andrew Wallace Inspector of Poor, Govan Combination, Glasgow and Certificates under the hands of James Barras and Robert Davie Taylor, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Penelope Wilson or Mitchell, 18 Cornwall St., Govan and that the said Penelope Wilson or Mitchell is a (5) Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Penelope Wilson or Mitchell as a Patient into the Public Asylum of Crichton Royal Institution (Asylum) and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Penelope Wilson or Mitchell which accompanied the said Petition.

DATED this Twentieth day of October One thousand eight hundred and eighty eight years

W H Scott H.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.

"(*The following should be filled up in every case in which a Certificate of Emergency is acted on.*)

"I hereby request the Superintendent of the Royal Crichton Honolulu
"Asylum to receive therein Penelope Wilson or Mitchell
"to whom the foregoing Certificate of Emergency refers.

"*Relationship or other capacity in which Applicant stands to Patient,* Inspector of Poor

"*Signature and Address* Aubrey Wallace

"*Date* 19th October 1888

No. 5327.
Penelope Wilson or
Mitchell
Sworn Examination
admitted 19 October 1888

78 / 12

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., 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) Shire~~ of Dumfries ~~Stewartry~~ and his Substitutes.—

The Petition of Archibald Dempster, Inspector of Poor, City Parish Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Allan Ramsay, Pauper, Inmate of

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

~~your Petitioner's (2)~~ Town's Hospital, Glasgow, presently chargeable to said 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 Allan Ramsay, Pauper, to the Crichton Royal Institution, Dumfries, and to sanction his admission into the said Asylum.

(To be signed by the Party applying) A. Dempster

(3) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 20th (3) day of October, One thousand eight hundred and 38.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Allan Ramsay.
2. Sex and Age,	Male. 59 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Painter.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Inmate of City Poorhouse for past 3 months.
7. Place where Found and Examined,	Town's Hospital Glasgow.
8. Length of time Insane,	A few days.
9. Whether First Attack,	Yes, so far as known.
10. Age (if known) on First Attack,	59 years "
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Not previously so far as known.
12. Duration of Existing Attack,	A few days.
13. Supposed Cause,	Unknown.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish Glasgow.
18. Date of becoming Chargeable,	20th October 1838.
19. Christian Name and Surname, and Place of Abode of nearest known 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 relations 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 20th day of October One thousand eight hundred and 38.

(To be signed by the Party applying) A. Dempster

Inspector of Poor, City Parish 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 D, being a (1) Graduate in Medicine of Glasg Univers and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) No 2 Ward The Town's Hospital, Glasgow, in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Allan Ramsay, Pauper a patient thereof and that the said Allan Ramsay, 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 the Delusion his breath is poison and that he has killed a man. and wants to be tried and hung it. He is dangerous to himself, and cart

(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, Geo Buchan M D

Place of Abode, ~~House, Town's Hospital~~

DATED this 20th day of Oct. One thousand eight hundred and 88

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Town's Hospital, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Allan Ramsay, pauper of Town's Hospital, Glasgow and that the said Allan Ramsay 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 believes that is killing people by his breath; wants to be hanged and to be hung; is proportionally melancholic.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He imagines that every thing he does wrongs — Information from mere ward

Name and Medical Designation, Alex Robertson

Place of Abode 16 Newhouse Terrace, Lan

DATED this 20th day of October One thousand eight hundred and 88

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Geo Buchan, being (1) a Graduate in Medicine of Glasg Univers. hereby certify, on soul and conscience, that I have this day, at (2) No 2 Ward, Lewis Hospital Glasgow in the County of Lanark, seen and personally examined Allan Ramsay, 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.

Geo Buchan MD,

Dated this 20th day of Oct. One thousand eight hundred and 88.

(1) 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 Haynes Sheriff~~ (3) Sheriff Substitute of the (4) County of Dumfries, having had produced to me, with a Petition at the instance of (5) Archibald Dempster, Inspector of Poor City Parish Glasgow, Certificates under the hands of George Buchan, and Alexander Robertson, —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Allan Ramsay, Town Hospital, Glasgow, and that the said Allan Ramsay, is a (7) pauper 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 Allan Ramsay — as a Patient into the (8) public — Asylum of ~~Southern Counties~~ and I authorize Two Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Allan Ramsay, which accompanied the said Petition. Two words deleted.

Crichton Royal Institution,

Dated this Twenty Second day of October One thousand eight hundred and Eighty Eight years.

To the Superintendent of the (9) Public Asylum of ~~Crichton Royal Institution~~ ~~Southern Counties~~ D H Smith

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.

I hereby request the Superintendent of the Crichton Royal Institution to receive the c... Allan Ramsay to whom the foregoing Certificate of Emergency refers.

A Dempster

Inspector of Poor, City Parish Glasgow

Glasgow, 20th October 1888

No. 5328.
Allan Ramsay
City Parish Glasgow
Admitted 20 October 1888

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway, at Dumfries, — *and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) Mary Hunter, Newton, Gatehouse,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Janet Hunter, —

(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 Janet Hunter, — to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Mary Hunter

(5) The date of the Petition must be within fourteen clear days following all dates of the Medical Certificate.

DATED this 22nd (5) day of October — One thousand eight hundred and eighty eight 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,	Janet Hunter.
Sex and age,	Female 23 years of age
Married, Single, or Widowed,	Single
Condition of Life and previous Occupation (if any),	no occupation, farmer's daughter.
Religious Persuasion, so far as known,	Presbyterian
Previous place of abode,	latterly Mainsbank, previously Newton, Gatehouse.
Place where found and examined,	Mainsbank House, Police, & Crichton Institution.
Length of time Insane,	Since birth.
Whether First Attack,	no
Age (if known) on First Attack,	—
When and where previously under Examination and treatment,	Mainsbank House, as a Voluntary Patient from 8th Feb. 1887 to Oct. 1888.
Duration of Existing Attack,	—
Supposed Cause,	—
Whether subject to Epilepsy,	no.
Whether Suicidal,	no.
Whether Dangerous to others,	occasionally.
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
Date of becoming Chargeable,	—
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary Hunter, Sister residing at Newton near Gatehouse — no other member of family ever known to have been insane. —
Special circumstances (if any) preventing the insertion of any of the above particulars,	none.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 22nd day of October One thousand eight hundred and eighty eight

(To be signed by the Party applying) Mary Hunter X

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - - Gatehouse –
2. Character of Education, - - - - - Parish School.
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - Unsettled.
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 known
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? - - - - Father & mother died from natural causes. Several bro[illegible] sisters alive & well.
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.? - - - At the age of three she narrow[illegible] drowning. Shortly afterwards [illegible] injury to he head by falling [illegible]
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - Was unconscious for hours. Waywardness. Lack of self-cont[illegible] temper. Unmanageableness
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite falling off in flesh, pain in he derangement of female health
12. What changes have taken place i mental symptoms since th menced? - - - -
13. What changes have taken plac symptoms? - - -
14. Is he dirty, destructive, untidy,
15. Has he threatened or attempted v self? If so, in what way? -
16. Has he threatened or attempt others? If so, in what way?
17. How long has he been insane?

CERT

(This Certificate authorize

I, the undersigned, J
being (1) a Doctor
hereby certify, on soul a
in the County of Mi
Janet Hun
person is of unsound min
And I further certif

DATED this twen
hundred and eight

(1) State Medical

MEDICAL CERTIFICATE.—No. I.

I the undersigned, John Keay
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) Mavisbank House, Polton in the County of Midlothian separately from any other Medical Practitioner, visited and personally examined (4) Janet Hunter, presently residing at Mavisbank House, Polton. and that the said Janet Hunter is a (5) lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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 unable to keep on a conversation coherently. She is very excitable and irritable. She has occasional outbursts of screaming in which she is violent and dangerous to others.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Sister states that the patient has always been of weak minded deficient in self control & difficult to manage. Has threatened to do her injury.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, John Keay M.D.

Place of Abode, Mavisbank House, Polton.

DATED this 22nd day of October One thousand eight hundred and fifty eight.

MEDICAL CERTIFICATE.—No. II.

I the undersigned, Richard B. Lorraine
being a (1) graduate of Edinburgh University,
and being in actual practice as a (2) Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Hunter, of Mavisbank House, Polton, and that the said Janet Hunter is a (5) person of unsound mind, and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, *or* an Idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) Is miserable looking and talks on without sense or what she says. Keeps repeating the same statements, her memory very deficient—Says she sometimes gets very excited and at these times cannot sleep, is silly and weak minded in what she says.

(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 MRCM

Place of Abode, 16 Castle St. Dumfries

DATED this Twenty second day of October One thousand eight hundred and eighty eight 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 Substi
of the (2) County of Dumfries,
having had produced to me with a Petition at the instance of (3) Mary
Newton Gatehouse,
Certificates under the hands of John Reay
and Richard B. Lorraine, being two Medical Perso
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care a
Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Luna
Asylums in Scotland," setting forth that they had separately visited and examined

(4) Describe the Patient, and if a Pauper, state so.

Janet Hunter, Mavisbank House, Potter and that the s
Janet Hunter,

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

is a (5) person (Pauper) of unsound m
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you
receive the said Janet Hunter, as a Patient into t
Crichton Royal Institution for the Insane at Dumfries, and I authorize her
Transmission to the said Asylum accordingly; and I transmit you herewith the s
Medical Certificates, and a Statement regarding the said Janet Hunte
which accompanied the said Petition.

DATED this twenty third day of October, One thousand eig
hundred and eighty eighty years.

David Boyle Hope

To the Medical Superintendent of the
Crichton Royal Institution, Dumfries.

Name, Janet Hunter
Date of Admission, 23 October 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Ayr *and his Substitutes*

The Petition of Mary Walker or Bicket

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Bicket, Portland Villa, South Hamilton St Kilmarnock

(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 Thomas Bicket to the Crichton Royal Institute, Dumfries, and to sanction his admission into the said Asylum.

(To be signed by the Party applying) Mrs Mary W. or Bicket

(4) The date of the Petition must be within a fourteen clear days following the dates of the Medical Certificates.

DATED this 24th (4) day of October One thousand eight hundred and Eighty Eight

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas Bicket.
2. Sex and Age,	Male aged 53 year.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Merchant Gasengineer.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Titchfield Street
7. Place where Found and Examined,	Portland Villa, South Hamilton St. Kilmarnock
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,	a few days
13. Supposed Cause,	Intemperance and abuse of opiates
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,	Mary Walker or Bicket, wife. Portland Villa, South Hamilton St. Kilmarnock.
20. Special circumstances (if any) preventing the 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 October One thousand eight hundred and eighty eight

To be signed by the Party applying) Mrs Mary Walker or Bicket

P. p.

No. 2330

Thomas Bicket

Admitted 7th October 1888

9.642

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

GENERAL BOARD OF LUNACY
29 OCT 88
SCOTLAND

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Andrew Wallace being desirous to transfer Ann M'Callum or M'Dougall at present a Patient in Argyle & Bute Asylum, and (1) a pauper Lunatic of the Parish of which I am Inspector of Poor from the said Asylum to the Edinburgh Royal Institution Lunatic Asylum hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Ann M'Callum or M'Dougall 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.

Andw Wallace

(2) Inspector of Poor Govan Com.

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow this 20th day of October One thousand eight hundred and Eighty Eight.

STATEMENT.

1. Christian Name and Surname of Patient at length,	Ann Mc Callum or Mc Dougall
2. Sex and Age,	Female 54 Years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and Previous Occupation (if any),	Pauper. Domestic
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	Sept 25th. 1884
7. Length of time Insane,	5 years
8. Whether first Attack,	Yes
9. Age (if known) on first Attack,	49 years.
10. Duration of existing Attack,	5 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,	Govan
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,	Daughter Mrs Murray. Ardoch Gardens Cardross.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) Andw Wallace

DATED this 20th day of October One thousand eight hundred and Eighty Eight.

N.B.—The foregoing particulars are required for the information of the authorities to whose area the Patient is to be transferred.

Admitted 7th October 1888

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned John Cameron
being (1) Doctor of Medicine of Edinburgh University
hereby certify that I have this day at (2) Argyll & Bute Asylum, Lochgilphead
personally examined Ann McCallum or McDougall at present
Patient in said Asylum, and with respect to her Mental State that She is very
incoherent in conversation and the subject
various Delusions, such as that She is related
to the Royal Family of Denmark and that she
has daily conversations with people who are a
great distance from her or dead ; and with respect to
Bodily Health and Condition that they are good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily
dition of the Patient to contraindicate removal to the Asylum of Dumfries

J. Cameron M.D.

DATED this Eighteenth day of October One thousand eight
hundred and eighty-eight

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 Govan Combination to authorize the transfer of Ann McCallum or McDougall from Argyll and Bute 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 Ann McCallum or McDougall as requested.

(2) Valid for fourteen days from date.

John Sibbald Commissioner

DATED at Edinburgh, this 22nd day of October one thousand eight hundred and eighty-eight.

No. 5331.
Ann McCallum or McDougall
Govan
Admitted 24 October 1888

Date of Sheriff's Order.
26th September, 1884.

9,641

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

GENERAL BOARD OF LUNACY 28 OCT 88 SCOTLAND

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Andrew Wallace being desirous to transfer John McFadyen at present a Patient in Argyle & Bute Asylum, and (¹) a Pauper Lunatic of the Parish of which I am Inspector of Poor 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 John McFadyen 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 Wallace

(²) Inspector of Poor Govan Comb

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow this 20th day of October One thousand eight hundred and Eighty Eight.

STATEMENT.

1. Christian Name and Surname of Patient at length,	John Macfadyen
2. Sex and Age,	Male. 28 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and Previous Occupation (if any),	Tinsmith
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	Jany 16. 1888
7. Length of time Insane,	10 months
8. Whether first Attack,	Yes
9. Age (if known) on first Attack,	28 years
10. Duration of existing Attack,	10 months
11. Supposed Cause,	Unknown
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	No
14. Whether Dangerous to others,	No
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Govan
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,	Father. Allan McFadyen 48 Coburg St. Eglington St. S.S. Glasgow Unknown

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) Andw Wallace

DATED this 20th day of October One thousand eight hundred and Eighty Eight.

NB.—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 John Cameron

(1) State Medical Qualification.
(2) Name Asylum.

being (1) Doctor of Medicine of the University of Edinburgh
hereby certify that I have this day at (2) Argyll & Bute Asylum, Lochgilphead
personally examined John McFadyen at present a
Patient in said Asylum, and with respect to his Mental State that he suffers from melancholia, imagines his wife tried to pour poison down his throat when he was asleep, and that persons entered his room to strangle him in his bed ; and with respect to his Bodily Health and Condition that they are fairly good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries

John Cameron M.D.

DATED this Eighteenth day of October One thousand eight hundred and eighty-eight

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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 Govan combination to authorize the transfer of John Mc. Fadyen from Argyll and Bute 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 M'Fadyen as requested.

John Sibbald Commissioner

DATED at Edinburgh, this 22nd day of October one thousand eight hundred and eighty-eight.

Date of Sheriff's Order.
17th January, 1888.

No. 5332.
John Mc. Fadyen
Govan
admitted 24 October 1888

9,637

[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 David Thomson
being desirous to transfer Mr Euphemia Pryde or Thomson
a present a Patient in the Argyll & Bute 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 Mr Euphemia Pryde or Thomson and a Medical Certificate with respect to 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.

David Thomson
(²) Husband

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Liverpool this 17th day of October one thousand eight hundred and eighty eight

STATEMENT.

1. Christian Name and Surname of Patient at length,	Euphemia Pryde or Thomson
2. Sex and Age,	57 years. Female
3. Married, Single, or Widowed,	Married
4. Condition of Life, and Previous Occupation (if any),	Middle life - None
5. Religious Persuasion, so far as known,	Presbyterian
6. Date of Admission into Asylum,	June 18th 1875
7. Length of time Insane,	23 years
8. Whether first Attack,	1865
9. Age (if known) on first Attack,	33 or 34
10. Duration of existing Attack,	23 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,	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 Thomson 22 Sybil Rd Anfield Liverpool. Husband. None.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) David Thomson

DATED this 17th day of October One thousand eight hundred and eighty eight

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 John Cameron
being (*) Doctor of Medicine of Edinburgh University
hereby certify that I have this day at (*) Argyll & Bute Asylum Lochgilphead
personally examined Euphemia Ryde or Thomson at present a
Patient in said Asylum, and with respect to her Mental State that she is demented, very silly in manner, does not know where she is or how time passes

; 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

J. Cameron M.D.

Dated this Sixteenth day of October One thousand eight hundred and eighty-eight

(*) State Medical Qualification.
(*) 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 Thomson to authorize the transfer of Euphemia Ryde or Thomson from Argyll and Bute Asylum to Brichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Euphemia Ryde or Thomson as requested.

John Sibbald Commissioner.

Dated at Edinburgh, this 19th day of October one thousand eight hundred and eighty-eight.

(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. 5333.
Euphemia Ryde or Thomson.
Admitted 25 October 1888

Date of Sheriff's Order.
17th June, 1875.

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) Henry Vivian Yeo, barrister-at-Law humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Henry Gerald Yeo

(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 Gerald Yeo to the Crichton Royal Institution for the Insane at Dumfries, and to sanction admission into the said Asylum.

Henry Vivian Yeo

(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 October One thousand eight hundred and Eighty Eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Henry Gerald Yeo -
2. Sex and age,	male - 16 years last birthday.
3. Married, Single, or Widowed,	single -
4. Condition of Life and previous Occupation (if any),	gentleman - Schoolboy.
5. Religious Persuasion, so far as known.	Protestant -
6. Previous place of abode,	212 Clonliffe Road. County of Dublin
7. Place where found and examined,	at same place -
8. Length of time Insane,	Since 22nd September 1888.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	as above.
11. When and where previously under Examination and treatment,	Never before.
12. Duration of Existing Attack,	Since 22nd September 1888.
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 his Family known to be or to have been Insane,	Henry Vivian Yeo 212 Clonliffe Road in the County of Dublin - 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 25th day of October One thousand eight hundred and Eighty Eight

(To be signed by the Party applying) Henry Vivian Yeo.

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	in the City of Dublin.
2. Character of Education,	ordinary Education, classical mod
3. Is the natural disposition cheerful or melancholy—reserved or frank,	reserved.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady and industrious.
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Never.
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?	all alive.
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	None that I am aware of.
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	None that I could discover.
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Strange fancies; followed by abnormal acts; no self-co alternate elevation & extreme depr
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	he was sleepless, and costiv complained of pain in the he
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	At first delirious for 2 days; the s for three days; then a lucid int of 10 days, and since then great
13. What changes have taken place in his bodily symptoms?	difficulty of obtaining sleep wi of narcotics, bowels still dont ac
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?	He has been violent at first a me and others holding him in bed
17. How long has he been insane?	violence since the first two days Since 22nd September 18

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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, Conolly Norman
being a (1) Fellow of the Royal College of Surgeons in Ireland and Member of the King & Queen's 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) 212 Clonliffe Road in the County of Dublin separately from any other Medical Practitioner, visited and personally examined (4) Henry Gerald Yeo and that the said Henry Gerald Yeo is a (5) person of unsound mind 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 profoundly dull. I found much difficulty in inducing him to answer questions or to take any notice when spoken to. Occasionally he replied not to the question immediately put but to some previous one thus producing an appearance of incoherence. He cannot initiate or maintain a conversation.

(6) *State the Facts.* all.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His father Henry Vivian Yeo informs me that the said Henry Gerald Yeo sometimes unmeaningly violent striking people, tearing up his clothes and so forth. On one occasion he put his feet into the fire on another the informants hand. He is however usually dull and depressed.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Conolly Norman F.R.C.S.I. &c.

Place of Abode, Richmond Asylum, Dublin.

DATED this twenty fourth day of October One thousand eight hundred and eight

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MEDICAL CERTIFICATE.—No. II.

I, the undersigned, John Henry McAuley
being a (1) Licentiate of Royal College of Surgeons & of Royal College of Physicians.
and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day at (3) 212 Clonliffe Rd ~~Dublin~~ in the County of Dublin separately from any other Medical Practitioner, visited and personally examined (4) Henry Gerald Yeo and that the said H. G. Yeo is a (5) person of unsound mind 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) At times violent on one occasion attempting to shut me with some members x in a room of his family. At other times completely silent refusing to answer any question, and has to be fed, and will remain in any posture in which he is placed.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) father Henry Vivian Yeo informs me that last night he twice attempted to put in his night-dress. He informs me that he acts occasionally mischievously taking articles throwing things about and tearing clothes.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J. H. McAuley LRCS&P

Place of Abode, 19 Drumcondra Rd Dublin

DATED this 25 day of October One thousand eight hundred and eight

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 Per
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care
Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lu
Asylums in Scotland," setting forth that they had separately visited and examined
and that the

(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 ei
hundred and

.....

To the Medical Superintendent of the
Crichton Royal Institution, Dumfries.

Name,.....

Date of Admission.....March Certificates

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 *at* of Dumfries and his Substitutes,—

The Petition of Henry Vivian Yeo, 212 Clonliffe Road, in the County of Dublin

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Henry Gerald Yeo, 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 Henry Gerald Yeo to the Crichton Royal Institution, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Henry Vivian Yeo

DATED this twenty seventh (4) day of October One thousand eight hundred and eighty eight.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Henry Gerald Yeo
2. Sex and Age,	male - 16 years last birthday.
3. Married, Single, or Widowed,	single.
4. Condition of Life, and previous Occupation (if any),	gentleman - Schoolboy.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	212 Clonliffe Road, County of Dublin.
7. Place where Found and Examined,	At same place.
8. Length of time Insane,	since 22nd September 1888.
9. Whether First Attack,	yes.
10. Age (if known) on First Attack,	as above.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	never before
12. Duration of Existing Attack,	since 22nd September 1888
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,	Henry Vivian Yeo, 212 Clonliffe Road, in the County of Dublin - Father. 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 twenty seventh day of October One thousand eight hundred and eighty eight.

(To be signed by the Party applying) Henry Vivian Yeo.

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Richard B. Lorraine
being a (1) graduate of Edinburgh University
and being in actual practice as a (2) Medical Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 16 Castle St. Dumfries
in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Henry Gerald Yeo, 212 Clonliffe Road Dublin and that the said Henry Gerald Yeo is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 dull and depressed, very unwilling to answer questions looks melancholy. is unable to carry on a Conversation.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His Father says he sometimes refuses to answer any question put to him. that he is very depressed but sometimes is violent. ~~he~~ or on one occasion he bit his Father hand. on another but his own foot

Name and Medical Designation, Richard B. Lorraine

Place of Abode, 16 Castle St Dumfries

DATED this twenty sixth day of October One thousand eight hundred and eighty eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Clarke
being a (1) graduate in Medicine of Glasgow University
and being in actual practice as a (2) General practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 16 Castle St. Dumfries.
in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Henry Gerald Yeo, School Dublin and that the said Henry Gerald Yeo, is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 dull and depressed, answering questions in monosyllable, and seems incapable of being interested or show any sign of interest

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His father, Henry Vivian Yeo. Barrister-at-law 212 Clonliffe Road Co: Dublin, informs me the facts as stated in the above Certificate

Name and Medical Designation, Frederick Hugh Clarke

Place of Abode 29 Castle Street, Dumfries

DATED this twenty sixth day of October One thousand eight hundred and Eighty Eight.

3

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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) 16 Castle St Dumfries in the County of Dumfries, seen and personally examined Henry Gerald Yeo, 212 Clonliffe Rd Dublin, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

Richard B. Lorraine

DATED this twenty sixth day of October One thousand eight hundred and eighty eight

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries Asylum to receive therein Henry Gerald Yeo to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Father.

Signature and Address Henry Vivian Yeo 212 Clonliffe Rd Co Dublin

Date 26 October 1888.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute of the (2) County of Dumfries of Dumfries having had produced to me, with a Petition at the instance of (3) Henry Vivian Yeo, 212 Clonliffe Road, in the County of Dublin Certificates under the hands of Richard B. Lorraine, 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) Henry Gerald Yeo, 212 Clonliffe Road in the County of Dublin and that the said Henry Gerald Yeo, is a (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 Gerald Yeo as a Patient into the (6) Public Asylum of Crichton Royal Institution, and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Henry Gerald Yeo, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this Twenty second day of October One thousand eight hundred and eighty eight years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution, Dumfries

(7) Public, District, Parochial, or Private.

No. 3334

Henry Gerald Yes

Admitted 26th October 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ——— of the (2) Dumfries and ~~of~~ Galloway, ——— *and his Substitutes.*—

The Petition of Jane Ann Chapple, Great Malvern, Worcestershire, ———

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Frederick Edward Chapple, ———

(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 Frederick Edward Chapple, ——— to the Crichton Royal Institution, Dumfries, and to sanction his admission into the said Asylum.

(*To be signed by the Party applying*) Jane Ann Chapple

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty ninth (4) day of October, ——— One thousand eight hundred and eighty eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Frederick Edward Chapple
2. Sex and Age,	Male 25.
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,	Great Malvern.
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	Four years.
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	21
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Bethlem Hospital 1887.
12. Duration of Existing Attack,	Four years.
13. Supposed Cause,	Probably overwork.
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 Anne Chapple, Mother Great Malvern, Worcestershire. grandfather suffered from Melancholia in his old age.
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 ninth day of October One thousand eight hundred and eighty eight.

(*To be signed by the Party applying*) Jane Ann Chapple

P. p.

Admitted pt to Petition 1888

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 in Medicine of Edinburgh University and being in actual practice as a (2) Medical Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 16 Castle St Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Frederick Edward Chapple 1 Graham Terr: Great Malvern and that the said Frederick Edward Chapple is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Says he is very dull and depressed at times. Feels that he loses control himself if annoyed and might do any one an injury. Has sensations in his head as if something living in inside

(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 at times very dull and depressed. At other times gets too excited.

Name and Medical Designation, Richard B. Lorraine

Place of Abode, 16 Castle St. Dumfries

DATED this twenty-seventh day of October One thousand eight hundred and eighty-eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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) Bachelor of Medicine Edin. Univ ~~General Medical Practitioner~~ 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) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Frederick Edward Chapple and that the said Frederick Edward Chapple is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He says that he has peculiar fancies as that he is filled with the Holy Ghost & is sent to world as a prophet. That he has uncontrollable insanity at times during which he is afraid of doing injury to

(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, Thomas Ferguson M.B.

Place of Abode 22 Castle St Dumfries

DATED this twenty seventh day of October One thousand eight hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 in Medicine of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) 16 Castle St. Dumfries
in the County of Dumfries, seen and personally examined
Frederick Edward Chapple, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

Richard B. Lorraine

DATED this twenty seventh day of October One thousand eight hundred and eighty eight.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries Asylum to receive therein Frederick Edward Chapple to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Mother.

Signature and Address Jane Ann Chapple
Date 27 October 1888 Ct. Hebburn Northumberland

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 Ann Chapple, Great Malvern Worcestershire —
Certificates under the hands of Richard B. Lorraine,
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)
Frederick Edward Chapple Great Malvern Worcestershire (Petitioner's son)
and that the said Frederick Edward Chapple is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Frederick Edward Chapple, as a Patient into the (6) Public Asylum of Crichton Royal Institution, and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Frederick Edward Chapple, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this twenty ninth day of October One thousand eight hundred and eighty eight years.

David Boyle Hope.

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries.

(7) Public, District, Parochial, or Private.

Frederick Edward Chappel.

Admitted 27 October 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) *of* Renfrew & Bute *and his Substitutes,—*

The Petition of Robert Davie Fewar of Clydevale Port. Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Catherine Davie your Petitioner's (3) daughter. is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Catherine Davie to the Crichton Royal Institution Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) Robt Davie

(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 eighty eight

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Catherine Davie
2. Sex and Age,	Female 42 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,	Clydeside or Clydevale Greenock Road P & Glasgow
7. Place where Found and Examined,	Same place
8. Length of time Insane,	about twenty 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,	Twenty 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,	Robert Davie patients father Clydevale Greenock Road Port. Glasgow No relations 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 knowlegde, the above particulars are correctly stated.

DATED this 26th day of October One thousand eight hundred and eighty eight.—

(*To be signed by the Party applying*) Robt Davie

P. p.

Admitted 27 October 1888

Frederick Edward Chappel

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Wm Taylor M. D. being a (1) Doctor of medicine 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) Clydeside Greenock Road Port Glasgow in the County of Renfrew separately from any other Medical Practitioner visited and personally examined (4) Catherine Davie no occupation residing at Clydeside Greenock Road Port Glasgow and that the said Catherine Davie is a (5) person of Unsound mind and a proper Person to be detained under Care and Treatment, 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 restless excited manner working with her hands & seemingly apprehensive of evil. She says her hands are black from laudanum she took a [illegible] She says that her inside is all wrong with laudanum. There is constant hammering in her head

(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 restless at night. Her constant crage is that she is spitting up her [illegible] which is rotting away from the action of laudanum. She wishes something to cause her to sleep away.

Name and Medical Designation, John Wm Taylor M.D.

Place of Abode, Port Glasgow

DATED this twenty sixth day of October One thousand eight hundred and eighty eight 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 Bunton Barr being a (1) Bachelor of medicine & master of Surgery of the Glasgow University and being in actual practice as a (2) Physician & Surgeon at Port Glasgow do hereby certify, on soul and conscience, that I have this day, at (3) Clydeside Port Glasgow in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Catherine Davie. No occupation Clydeside Port Glasgow. Renfrew and that the said Catherine Davie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Complains of [illegible] agony in right side and front of abdomen, cause [illegible] says by drinking an excessive dose of Laudanum [illegible] time ago. That her hands & face are in consequence [illegible] & swollen. That her inside threatens to come out by [illegible] mouth. Imagines there is a large white lump in her [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Facts by sister and Father. Noticed mental [illegible] more than 12 months ago. Repeatedly changed residence [illegible] got no good. Tore paper of bed-room and chewed it. Continued picking & chewing her dress & napkins. Would have a whole had [illegible] in mouth at a time. Made one or two attempts to run away [illegible] to the dread of her friends, & came home drenched as if she had been in water. &c

Name and Medical Designation, James B Barr M.D.

Place of Abode Port Glasgow

DATED this 26th day of October One thousand eight hundred and Eighty Eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Sheriff Substitute (1) Esquire Advocate of ~~the (2)~~ Renfrew and Bute having had produced to me, with a Petition at the instance of (3) Robert Davie Feuar of Clydevale. Port-Glasgow Certificates under the hands of John William Taylor and James Bunton Barr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Davie Petitioners daughter and that the said Catherine Davie is a (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 Davie as a Patient into the 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 Catherine Davie which accompanied the said Petition.

DATED this Twenty sixth day of October One thousand eight hundred and eighty eight three words delete

Alex Nicolson

To the Superintendent of the 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.

No 5356.
Catherine Davie

Admitted 27 October 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Renfrew & Bailie and his Substitutes—

The Petition of Archibald Dempster, Inspector of Poor, City Parish Glasgow,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Ann McLaren or McConnell, Pauper, ~~now Petitioner's~~ residing at 137 Crownpoint Road, Glasgow, — presently chargeable to said Parish,

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Ann McLaren or McConnell to the Crichton Royal Institution, Dumfries, and to sanction her admission into the said Asylum.

(*To be signed by the Party applying*) A Dempster

(4) The date of the Petition must be within a fourteen clear days following the dates of the Medical Certificates.

DATED this 27th (4) day of October — One thousand eight hundred and 88.

STATEMENT.

If any 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 McLaren or McConnell,
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,	137 Crownpoint Road, Glasgow.
7. Place where Found and Examined,	137 Crownpoint Road & 318 Parliamentary Road, Glasgow.
8. Length of time Insane,	one week.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	33 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	Not previously under treatment.
12. Duration of Existing Attack,	One week.
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,	City Parish Glasgow;
18. Date of becoming Chargeable,	27th October 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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 McConnell resides at 137, Crownpoint Road, Glasgow.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 26th day of October One thousand eight hundred and 88

(*To be signed by the Party applying*) A Dempster P. P.

Inspector of Poor, City Parish, Glasgow.

Admitted 27 October 1888

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Dunlop
being a (1) Bachelor of medicine & master of Surg
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) 137 Crown
Road Glasgow in the County
Lanark separately from any other Medical Practitioner
visited and personally examined (4) Mary Ann McLaren McConnell
pauper: 137 Crown point Road, Glasgow and th
the said Mary Ann McConnell 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 very
excitable & nervous: Hears voices &
other imaginary noises & believes that some
persons are planning to put her to
also talks in an irrational manner

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her husband states that last night
tried to drown herself: & to-day was
under the bed from her imaginary foes
to-day stripped off all her clothes in the

Name and Medical Designation, James Dunlop

Place of Abode, 5 Westercraigs Dennis

DATED this 26th day of October One thousand eig
hundred and eighty eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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) 318 Pa
Mentary Road, Glasgow in the County o
Lanark separately from any other Medical Practitioner
visited and personally examined (4) Mary Ann McLaren or
McConnell, pauper of 137 Crown point Road, Glasgow and th
the said Mary Ann McLaren or McConnell 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 prog
Melancholic: imagines that every one
other and speaks about her on the public
wishes she were dead; admits trying
drown herself;

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
She has been ill mentally
for a week - Information from hu

Name and Medical Designation, Alex Robertson

Place of Abode 16 Newton Terrace

DATED this 27 day of October One thousand eight
hundred and 88

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Dunlop — being (1) Bachelor of medicine & master of Surgery hereby certify, on soul and conscience, that I have this day, at (2) 137 Crown point road Glasgow in the County of Lanark —, seen and personally examined Mary Ann McLaren McConnell - pauper, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Dunlop. M.B. C.M.

DATED this 26th day of October One thousand eight hundred and eighty eight —

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute, of the (2) County — of Dumfries having had produced to me, with a Petition at the instance of (3) Archibald Dempster, Inspector of Poor, & Parish Glasgow. Certificates under the hands of James Dunlop, 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 McLaren or McConnell 134 Crown Point Road Glasgow Mary Ann McLaren or McConnell and that the said (5) Pauper of unsound mind, & Lunatic, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Ann McLaren or McConnell 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 Ann McLaren or McConnell, which accompanied the said Petition.

DATED this Twenty ninth day of October, One thousand eight hundred and eighty eight 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.

I hereby request the Superintendent of the Crichton Royal Institution to receive therein Mary Ann McLaren or McConnell to whom the foregoing Certificate of Emergency refers.

A Dempster
Inspecter of Poor, City Parish Glasgow

Glasgow 27th October 1888

Mary Ann McLaren
or McConnell.
City Parish Glasgow
Admitted 27 October 1888

9646

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

GENERAL BOARD OF LUNACY 25 OCT 88 SCOTLAND

PLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

th undersigned Alexander Paterson Fortune.
ng esirous to transfer Janet Paterson Fortune
rent a Patient in Argyll & Bute Asylum Lochgilphead, and (¹) Those nearest known relative I am from the said Asylum to the Crighton Royal Institution Dumfries hereby request the authority of Board to such transfer; and I subjoin a Statement of Particulars regarding the said Janet Paterson Fortune and a Medical Certificate with ect 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.

A P Fortune
Son

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

ITED at Greenock this Twenty Second day of October thousand eight hundred and eighty eight

STATEMENT.

Christian Name and Surname of Patient at length,	Janet Paterson Fortune
Second Age,	Female 59 years.
Married, Single, or Widowed,	Widowed
Condition of Life, and Previous Occupation (if any),	Quiet. House Keeping
Religious Persuasion, so far as known,	Baptist
Date of Admission into Asylum,	May 2nd 1879
Length of time Insane,	16 years
Whether first Attack,	Yes
Age (if known) on first Attack,	42 years
Duration of existing Attack,	16 years
Supposed Cause,	Change of life
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	No
Parish to which the Lunatic (if a Pauper) is chargeable,	Not a pauper.
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been insane,	A. P. Fortune 71 Nicolson Street Greenock } Son. No.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) A P Fortune.

DATED this Twenty Second day of October One thousand eight hundred and eighty eight. years

NB.—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 John Cameron
being a Doctor of Medicine of Edinburgh University
(1) State Medical Qualification.
(2) Name Asylum.
hereby certify that I have this day at (2) Argyll & Bute Asylum Lochgilphead
personally examined Janet Paterson Fortune
Patient in said Asylum, and with respect to her Mental State that she is demented, occasionally noisy and excited, does not know where she is or how time passes; and with respect to her Bodily Health and Condition that they are fairly good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of
Crichton Royal Asylum Dumfries
J Cameron M.D.

Dated this Eighteenth day of October One thousand eight hundred and eighty-eight

---

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) Alexander Paterson Fortune to authorize the transfer of Janet Paterson Fortune from Argyll and Bute Asylum to Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of Janet Paterson Fortune as requested.

John Sibbald Commissioner

Dated at Edinburgh, this 25th day of October one thousand eight hundred and eighty-eight.

Date of Sheriff's order.
1st May, 1879.

No. 5338.
Janet Paterson Fortune
Admitted 29 October 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries & Galloway and his Substitutes,—

The Petition of William Lovard Assistant Inspector of Poor of the City Parish of Glasgow

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Christina Thomson, pauper residing at 221 Gallowgate Glasgow, presently chargeable to said 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 Christina Thomson, to the Crichton Royal Institution, Dumfries, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) William Lovard

(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 October, ____ One thousand eight hundred and Eightyeight.

STATEMENT.

If any 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 Thomson
2. Sex and Age,	Female, 23 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,	221 Gallowgate, Glasgow.
7. Place where Found and Examined,	221 Gallowgate and 318 Parliamentary Road Glasgow
8. Length of time Insane,	20 Weeks.
9. Whether First Attack,	Yes, so far as known
10. Age (if known) on First Attack,	23 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Not previously so far as known.
12. Duration of Existing Attack,	20 Weeks.
13. Supposed Cause,	Religion
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish of Glasgow
18. Date of becoming Chargeable,	30th day of October 1888.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mother Mrs. Thomson, resides at 221, Gallowgate Glasgow.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 30th day of October ——— One thousand eight hundred and Eightyeight

(To be signed by the Party applying) William Lovard

P. C.

Assistant Inspector of Poor of the 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, John Gibson Keith being a (1) Graduate in Medicine of Glasgow University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 221 Gallowgate Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Christina Thomson, Pauper, 221 Gallowgate Glasgow and that the said Christina 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) Rambling about the house almost naked; Seems unhappy & suspicious. States that she is frightened to remain in the house "as she is about to happen her" also the under the delusion that she has had a number of children whom she says "intended husband has put to the Sword as they were bastards"

(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. Gibson Keith MD

Place of Abode, 15 Montrose Row

DATED this 29th day of October One thousand eight hundred and 88

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 being a (1) Graduate in Medicine of Glasgow University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 318 Parliamentary Road, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Christina Thomson, Pauper lately residing at 221 Gallowgate St, Glasgow and that the said Christina Thomson, 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 delusions of sight & Hearing. God comes to her & she sees and she hears him speaking to her, gets at times a state of religious excitement, and the her Mother & are conspiring against her. She is quite

(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, Geo Buchan MD

Place of Abode House, Town's Hospital, Gla

DATED this 30th day of Oct One thousand eight hundred and 88

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Gibson Leitch
being (1) Graduate in Medicine of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) 221 Gallowgate
in the County of Lanark, seen and personally examined
Christina Thomson, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Gibson Leitch, MD

DATED this 29th day of October One thousand eight hundred and 88.

(1) 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 Toward,
Assistant Inspector of Poor, City Parish, Glasgow,
Certificates under the hands of John Gibson Leitch,
and Geo. Buchan, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Thomson, 221 Gallowgate, Glasgow (a pauper) and that the said
Christina Thomson, is a (5) Person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Christina Thomson 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 Christina Thomson, which accompanied the said Petition.

DATED this thirty first day of October, One thousand eight hundred and eighty eight 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.

I hereby request the Superintendent of the [illegible] Royal Institution to receive therein Christina [illegible] to whom the foregoing Certificate of Emergency [illegible]

William Lorrain
Assistant Inspector of Poor of the City [illegible]
of Glasgow

Glasgow 30th October 1888.

Christina Thomson
Admitted 30 October 1888

N.—This Form shall ...n the keeping of the ...ersedent of the Asylum ...r to Order of the Sheriff ...hered.

[FORM A]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway at Dumfries, *and his Substitutes,—*

The Petition of William James Fernie, of Moss Bank, Aintree, near Liverpool, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Agnes Caird Fernie, Hospital nurse, your Petitioner's (1) 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 Agnes Caird Fernie to the Crichton Royal Institution at Dumfries, and to sanction her admission into the said Institution.

(1) ...ate Degree of Relationship, or other capacity ...h Petitioner stands ...Lunatic.

(*To be signed by the Party applying*) William James Fernie

DATED this third (2) day of November, One thousand eight hundred and Eighty Eight.

(2) ...e date of the Petition ...t be within four ...ar days following ...ds of the Medical ...tificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

...Cristian Name and Surname of Patient at ...length,	Agnes Caird Fernie
...Sex and age,	Female, 22
...Married, Single, or Widowed,	Single
...Condition of Life, and previous Occupation (if any),	Hospital nurse
...Religious Persuasion, so far as known,	Protestant
...Previous place of abode,	Moss Bank, Aintree, Lpool
...Place where found and examined,	Dumfries
...Length of time Insane,	about 12 Mos
...Whether First Attack,	Yes
...Age (if known) on First Attack,	21
...When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	none
...Duration of Existing Attack,	12 Mos
...Supposed Cause,	overwork, as night nurse,
...Whether subject to Epilepsy,	no
...Whether Suicidal,	probably not
...Whether Dangerous to others,	no
...Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
...Date of becoming Chargeable,	—
...Cristian Name and Surname, and place of Abode of nearest known 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 Fernie Father Moss Bank Aintree. Mother & oldest sister, Mt Liverpool
...Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

...ATED this third day of November One thousand eight hundred Eighty Eight

and

(*To be signed by the Party applying*) William James Fernie

Admitted 30 October 1888

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Swan Coulthard — being a (1) Bachelor of Medicine & Master in Surgery of Edinburgh University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on Soul and Conscience, that I have this day, at (3) 14 Castle Dumfries — in the County of Dumfries — separately from any other Medical Practitioner, visited and personally examined (4) Agnes Caird Fernie of Moss Bank Aintree, Liverpool — and that the said Agnes Caird Fernie is a (5) person of unsound mind — and a proper Person to be detained under Care and Treatment, 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 says her mind has been wandering lately; not been able to think or reason. Restless, low-spirited. She desires of her own free-will to be taken care of for a time

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her father says that she has been worrying herself a good deal about relative matters for some months.

Name and Medical Designation, R. Swan Coulthard M.D.

Place of Abode, George St, Dumfries

DATED this 2nd day of November One thousand eight hundred and eighty eight. —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Clarke, — being a (1) Graduate in Medicine of Glasgow University and being in actual practice as a (2) General practitioner — do hereby certify, on Soul and Conscience, that I have this day, at (3) The Crichton Royal Institution, Dumfries. in the County of Dumfries. — separately from any other Medical Practitioner, visited and personally examined (4) Agnes Caird Fernie, Hospital Nurse, Aintree, Liverpool, — and that the said Agnes Caird Fernie, — is a (5) person of unsound mind. — and a proper Person to be detained under Care and Treatment, 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, and answers questions in a slow hesitating manner. Her memory seems very bad, and she says she is unable to think connectedly. Has heard voices making suggestions, and been several times violent

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Fred. H. Clarke M.D.

Place of Abode, 29. Castle Street Dumfries

DATED this 2nd day of November One thousand eight hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, being (1) Bachelor Medicine & Edinburgh University hereby certify, on Soul and Conscience, that I have this day, at (2) 16 Castle St Dumfries in the County of Dumfries, seen and personally examined Agnes Caird Fernie, and that the said Person is of unsound mind, and a proper Patient to be placed in an Asylum.

(1) State medical qualification.
(2) State place of examination.

And I further certify that the case of the said Person is one of Emergency.

R. Swan Coulthard

DATED this 2nd day of November One thousand eight hundred and eighty eight.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Agnes Caird Fernie, to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Father

Signature and Address, William James Fernie Mossbank Aintree

Date, 3rd Nov 88 near Liverpool

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stoppe, Sheriff-Substitute of the County of Dumfries having had produced to me, with a Petition at the instance of (1) William James Fernie, Mossbank, Aintree, near Liverpool, Certificates under the hands of Robert Swan Coulthard, 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 (2) Agnes Caird Fernie, Mossbank, Aintree, near Liverpool, (Letter Daughter) and that the said Agnes Caird Fernie, is a (3) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Caird Fernie, as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Caird Fernie, which accompanied the said Petition.

(1) Insert Name and Designation.
(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Third day of November, One thousand eight hundred and eighty eight years.

David Boyle Stoppe

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 53140

Name, Agnes Caird Fernie

Date of Admission, 2 November 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Lanark *and his Substitutes,—*

The Petition of Archibald Dempster, Inspector of Poor of the Ex Parish of Glasgow

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Mc Clure pauper lately residing at

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) 50 East John Street Glasgow and presently Asylum is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Mc Clure to the Crichton Royal Institution at Dumfries and to sanction his admission into the said Asylum.

(To be signed by the Party applying) A Dempster

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 3rd (4) day of November One thousand eight hundred and Eightyeight

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Mc Clure
2. Sex and Age,	Male, 35 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Carter
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	50 East John Street Glasgow
7. Place where Found and Examined,	50 East John Street and 348 Parliamentary Road Glasgow
8. Length of time Insane,	Ten months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	35 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	Not previously under treatment
12. Duration of Existing Attack,	Ten 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,	City Parish of Glasgow
18. Date of becoming Chargeable,	1st November 1888
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Martha Greer or Mc Clure wife of the patient residing at 50 East John Street Glasgow
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 3rd day of November One thousand eight hundred and Eightyeight

(To be signed by the Party applying) A Dempster

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Dunlop.
being a (1) Bachelor of medicine & master of [illegible] 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) No. 50 [illegible] John St. Glasgow. in the County of Lanark separately from any other Medical Practitioner visited and personally examined (4) John McClure - pauper 50 E. John St. Glasgow and that the said John McClure is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 incoherent & rambling in his answers to questions - & restless in his manner - He is unable to sleep at night, hearing imaginary noises in bed:

(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 lies muttering to himself in bed: & sometimes threatens her with violence, & is under the delusion that she has caused a 'closing up' of his [illegible]

Name and Medical Designation, James Dunlop. [illegible]

Place of Abode, 5 Westercraigs. Dennistoun [illegible]

DATED this first day of November One thousand eight hundred and eighty eight —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 [illegible]
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) John McClure, pauper late of 50 East John St, Glasgow and that the said John McClure 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 his God in the skies and that he hears speaking: talks in a silly incoherent way: is quite unable to care for him

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife states that he has been long weak in mind

Name and Medical Designation, Alex Robertson

Place of Abode 16 Newton Terrace

DATED this 5 day of November One thousand eight hundred and 88

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Dunlop -
being (1) Bachelor of medicine & Master of Surgery
hereby certify, on soul and conscience, that I have this day, at (2) 50 E. John St Glasgow
in the County of Lanark, seen and personally examined
John McClure, pauper, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Dunlop. MB. CM -

DATED this first day of November One thousand eight hundred and eighty eight -

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Walterbook Spens (3) Sheriff Substitute
of the (4) County of Lanark
having had produced to me with a Petition at the instance of (5) Archibald Dempster
Inspector of Poor City Parish Glasgow
Certificates under the hands of James Dunlop
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 (6) Pauper
John McClure 50 East John St Glasgow and that the said
John McClure 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 John McClure as a Patient into the Crichton Royal ~~Asylum~~ Institution 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 McClure which accompanied the said Petition.

DATED this third day of November One thousand eight hundred and eighty eight

Walterbook Spens

To the Superintendent of the (8) Crichton Royal
~~Asylum~~ Institution at Dumfries.

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(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(8) Public, District, Parochial, or Private.
(9) Public, District, Parochial, or Private.

John Mc Clure
City Parish. Glasgow.
Admitted 3 November 1888.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of Dumfries ~~of the (2)~~ and Galloway ~~of~~ *and his Substitutes,*—

The Petition of John Niven, Burnside, Rutherglen,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Elizabeth Niven, 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 Elizabeth Niven, 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.

(*To be signed by the Party applying*) John Niven

(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 November, One thousand eight hundred and eighty eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Mrs Elizabeth Niven.
Sex and Age,	Female, 64 years.
Married, Single, or Widowed,	widow.
Condition of Life, and previous Occupation (if any),	Farmer's daughter.
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Berwick
Place where Found and Examined,	Dumfries
Length of time Insane,	36 years at intervals
Whether First Attack,	no
Age (if known) on First Attack,	38 years
When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Inveresk Morningside 1874
Duration of Existing Attack,	six weeks
Supposed Cause,	unknown
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to others,	no
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
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,	Mr John Niven, Burnside, Rutherglen. son. 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.

Dated this fifth day of November, One thousand eight hundred and Eighty Eight.

(*To be signed by the Party applying*) John Niven

P. T.

John Mrs Elizabeth Niven
City Parish. 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, Alexander Wise Mac[illegible] being a (1) Graduate of Edinburgh Univ[illegible] and being in actual practice as a (2) General practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 18 Castle Dumfries, in the County of Dumfries, separately from any other Medical Practitioner visited and personally examined (4) Mrs Elizabeth [illegible] Widow of 37 Castle Street Berwick on Tweed and that the said Mrs Elizabeth Niven is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is of a very restless appearance looking at every thing in a very excitable manner. rambles from [illegible] subject to another [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her daughter in law tells me she has been in an asylum twice previously and attempts to set [illegible] to her clothes

Name and Medical Designation, A. [illegible]

Place of Abode, 18 Castle St Dumfries

DATED this third day of November One thousand eight hundred and eighty eight

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Clarke being a (1) Graduate in Medicine of Glasgow Univ[illegible] and being in actual practice as a (2) General practitioner do hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution, Dumfries, in the County of Dumfries, separately from any other Medical Practitioner visited and personally examined (4) Mrs Elizabeth Niven — Wid[illegible] Berwick and that the said Elizabeth Niven is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She appears to be very excitable, and [illegible] talks incessantly in a rambling incoh[illegible] manner.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Fred. H. Clarke M[illegible]

Place of Abode 29 Castle Street, Dum[illegible]

DATED this 3rd day of November, One thousand eight hundred and eighty eight

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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) Doctor of Medicine of Edin Ehm hereby certify, on soul and conscience, that I have this day, at (2) 18 Castle St in the County of Dumfries, seen and personally examined Mrs Elizabeth Niven, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State time of examination.

A. D. MacDonald M.D.

DATED this 5 day of November, One thousand eight hundred and eighty eight

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution ~~Asylum~~ to receive therein the said Mrs Elizabeth Niven to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Son

Signature and Address John Niven

Date 3rd Nov 1888.

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 Niven, Burnside, Rutherglen, Certificates under the hands of Alexander Dall MacDonald, 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) Mrs Elizabeth Niven, Widow, 37 Castlegate, Berwick (Pen. Mother) and that the said Mrs Elizabeth Niven, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mrs Elizabeth Niven as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Elizabeth Niven, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this Sixth day of November, One thousand eight hundred and eighty eight years.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries

(7) Public, District, Parochial, or Private.

Mrs. Elizabeth Niven.

Admitted 3 November 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries
of Dumfries & Galloway, and his Substitutes,—

The Petition of Sarah Pickering, Sydney Place, Lockerbie,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ralph Pickering, Sydney Place, Lockerbie,

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 Ralph Pickering to the Crichton Royal Institution Dumfries, and to sanction his admission into the said Asylum.

Sarah Pickering

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 7th (4) day of Nov.r — One thousand eight hundred and eighty eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1.	Christian Name and Surname of Patient at length,	Ralph Pickering.
2.	Sex and Age,	Male. 19
3.	Married, Single, or Widowed,	Single
4.	Condition of Life, and previous Occupation (if any),	At one time junior clerk
5.	Religious Persuasion, so far as known,	Protestant
6.	Previous Place of Abode,	Lockerbie
7.	Place where Found and Examined,	Lockerbie
8.	Length of time Insane,	Three weeks
9.	Whether First Attack,	First attack
10.	Age (if known) on First Attack,	—
11.	When and where previously under Examination and Treatment,	—
12.	Duration of Existing Attack,	Three weeks
13.	Supposed Cause,	Unknown
14.	Whether subject to Epilepsy,	No.
15.	Whether Suicidal,	No. He might be
16.	Whether Dangerous to others,	—
17.	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18.	Date of becoming Chargeable,	—
19.	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Sarah Pickering Sydney Place, Lockerbie. (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 seventh day of Nov.r — One thousand eight hundred and eighty eight.

(To be signed by Party applying) Sarah Pickering

P. J.

Admitted 3 November 188

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Maclachlan
being a (1) Bachelor of Medicine & Master of Surgery
of the University of Glasgow
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Sydney Place
Lockerbie in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Ralph Pickering, Printer
Sydney Place, Lockerbie and that
the said Ralph Pickering is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Excited, violent
& incoherent.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His mother states that he has not been well for some time, at one time excited
at other depressed. Thinks that he has some
business to attend to that he has no time either for
or food.

Name and Medical Designation, James Maclachlan M.B. & C.M.

Place of Abode, Lockerbie

DATED this seventh day of Nov. One thousand eight
hundred and eighty eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 S. Bell
being a (1) Bachelor of Medicine & Master of 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) Sydney Place
Lockerbie in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Ralph Pickering, Printer
Sydney Place, Lockerbie and
the said Ralph Pickering is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, 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 been
injected for Stealing Potentiate Criminal (which is a delusion) On meeting
Pierce, on learning my name in injected strongly on my telling him what my
meaning of T.T.T. Fluid was, violent excitement, Muttering him he did
frowning & shaking at me with his fist & knees, then dancing about
& going on in most excited manner, muttering incoherently on account
of which he looked more, he put into a room by himself & then left me
for consultation

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Moffat, Sydney Place, told me that for some weeks
he had been ~~talking~~ Excited, not Pickering talk, and his
corroborated this statement.

Name and Medical Designation, John S. Bell M.B. & C.M.

Place of Abode Lockerbie.

DATED this Seventh day of November One thousand eight
hundred and Eighty Eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Maclachlan being (1) a Bachelor of Medicine & Master of Surgery hereby certify, on soul and conscience, that I have this day, at (2) Lockerbie in the County of Dumfries, seen and personally examined Ralph Pickering, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Maclachlan M.B.C.M.

DATED this ninth day of Nov. One thousand eight hundred and eighty eight.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stoper (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Sarah Pickering, Sydney Place, Lockerbie, Certificates under the hands of James Maclachlan, and John S. 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) Ralph Pickering Sydney Place Lockerbie and that the said Ralph Pickering, is a (5) person of unsound mind (Petitioners Son), and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ralph Pickering as a Patient into the (6) Public Asylum of Crichton Royal Institution, Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ralph Pickering, which accompanied the said Petition.

DATED this Ninth day of November One thousand eight hundred and eighty eight years.

David Boyle Stoper

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.

Sydney Place Lockerbie
9th November

I hereby request the Superintendent
of the Crichton Royal Institu
Dumfries to receive therein
Ralph Pickering to whom th
foregoing Certificate of Emerge
refers -

Sarah P. Pickering
Mother

Ralph Pickering
Admitted 7th Nov 1858.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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,*—

Motherwell The Petition of John Muller, Inspector of Poor, Parish of Dalziel, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Ann Young, Camp Rows, Motherwell, 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 Ann Young, — 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 Muller Inspr

(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 November, One thousand eight hundred and Eighty eight

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

. Christian Name and Surname of Patient at length,	Jane Ann Young
. Sex and Age,	Female 27 years
. Married, Single, or Widowed,	Single
. Condition of Life, and previous Occupation (if any),	Domestic Servant
. Religious Persuasion, so far as known,	Protestant
. Previous Place of Abode,	Camp Rows, Motherwell.
. Place where Found and Examined,	Do Do Do
Length of time Insane,	yearly 2 years
Whether First Attack,	first
1 Age (if known) on First Attack,	25
1 When and where previously under Examination and Treatment,	at home
1 Duration of Existing Attack,	2 years
1 Supposed Cause,	disappointment of marriage
1 Whether subject to Epilepsy,	yes
1 Whether Suicidal,	no
1 Whether Dangerous to others,	no
1 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dalziel at present
1 Date of becoming Chargeable,	8th Nov. 1888.
19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Ann Clennell, Mother, 42 Camp Rows, Motherwell, cannot say — mother says 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 Eigth day of November, One thousand eight hundred and Eighty eight.

(*To be signed by Party applying*) John Muller Inspector

Dalziel parish.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

I, the undersigned, Alexander Swadell Moffat ——
being a (1) Licentiate of the Royal College of Physicians, and of the Faculty of Surgeons, Glasgow. ——
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) ——
——— in the County of Lanark, ——— separately from any other Medical Practitioner, visited and personally examined (4) Jane Ann Young, Married, aged 27 years, 42 New Camp. Motherwell a domestic servant ——
the said Jane Ann Young, Pauper, is a (5) person of unsound mind ——— and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Vacant and imbecile expression of countenance but quite coherent today

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her Mother and the neighbours state that she has been subject of epileptic attacks for some years. That she is quite and unfit to be trusted by herself. will run about and play with children as if she was one of Remarkes. That she wanders annually and cannot be allowed out of their sight at any time.

Name and Medical Designation, A Swadell Moffat L.R.C.P.S. L.M. L.R.C.S.
Place of Abode, Motherwell.

DATED this 4/5 day of November, One thousand eight hundred and 88

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and 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, Peter Caldwell Smith
being a (1) Doctor of Medicine of University of
and being in actual practice as a (2) Doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (3) 42 New Camp Motherwell ——— in the County of Lanark ——— separately from any other Medical Practitioner, visited and personally examined (4) Jane Ann Young 27 years Married and a domestic servant residing at 42 New Camp the said Jane Ann Young, Pauper is a (5) person of unsound mind ——— and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Expression vacant, no memory for any recent occurrence at first. working with her fingers upon. Laughs & cries unreasonably.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her mother informs me that she is subject to epileptic fits. & I have treated her for such. She does not state she can do nothing in house. & if taken out thinks to drown herself. Mother has taken her out to kill her. Temper also very irritable and passionate, and has no control over it. All these have been quite being disappointed in marriage.

Name and Medical Designation, P Caldwell Smith M.D.
Place of Abode Cotburn Motherwell

DATED this 7th day of Nov One thousand eight hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Alex Tweedie Moffat being (1) Licentiate of the Royal College of Physicians, Edinburgh, hereby certify, on soul and conscience, that I have this day, at (2) 42 New Camp. Motherwell in the County of Lanark, seen and personally examined Jane Ann Young, and that the said person is of unsound mind, and 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 Tweedie Moffat

DATED this 7th day of Nov One thousand eight hundred and 88

(1) 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 ~~Miller~~ Muller Inspector of Poor, parish of Dalziel Motherwell Certificates under the hands of Alexander Tweedie Moffat, and Peter Caldwell 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 Ann Young 42 New Camp Motherwell (a pauper) and that the said Jane Ann 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 Jane Ann Young 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 Ann Young, which accompanied the said Petition.

DATED this Ninth day of November, One thousand eight hundred and eighty eight years.

One word deleted.

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.

Nov 8th 1888 - Motherwell.

I hereby request the Superintendent of the Crichton Royal Institution Dumfries to receive therein Jane Ann Young to whom the foregoing Certificate of Emergency refers

John Keller
Insp

Jane Ann Young -
Dalziel -
Admitted - 8th Nov 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries & Galloway *and his Substitutes,*—

The Petition of John Maxwell. Inch of Pool, Irongray,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Rigg or Hawkins your Petitioner's (3) Pauper,

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Rigg or Hawkins, to the Southern Counties asylum and to sanction her admission into the said Asylum.

(To be signed by the Party applying) John Maxwell. Inch of Pool

(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 November, One thousand eight hundred and eighty eight 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 Rigg or Hawkins
2. Sex and Age,	Female, aged 60 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Tea Dealers Widow, formerly Cotton hawker.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Present House. 6 years past at Whitsunday
7. Place where Found and Examined,	9 Millroad, Maxwelltown
8. Length of time Insane,	about 4 weeks.
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	about 60 years
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	never under treatment before.
12. Duration of Existing Attack,	about 4 weeks.
13. Supposed Cause,	Bilious 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,	Irongray
18. Date of becoming Chargeable,	10. November 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Hawkins her husband resides at 9 Millroad, Maxwelltown. never kept any family. her father James Rigg. was once in the 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 10th day of November, One thousand eight hundred and eighty eight years.

(To be signed by the Party applying) John Maxwell. Inch of Pool. Irongray.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Patrick M Murray being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 9 Mill Road Maxwelltown Troquer in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Margaret Rigg or Hawkins Pauper 9 Mill Road Troquer and that the said Margaret Rigg or Hawkins is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Conversation unconnected, rambling, incoherent. Says she can read the Bible three minutes.

(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 frequently strikes him, and gets into a state of great excitement.

Name and Medical Designation, P. M. Murray

Place of Abode, 30 Castle St Dumfries

DATED this 10th day of November One thousand eight hundred and 88.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 of Edinburgh & Md and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 9 Mill Road Maxwelltown, Troquer in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Margaret Rigg or Hawkins Pauper and that the said Margaret Rigg or Hawkins, is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 the appearance of an insane person, She talks incoherently & is extremely restless.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She sleeps very little, & when awake is continually talking in an incoherent manner. She has assaulted her husband frequently — Hawkins gave me the above information

Name and Medical Designation, John Cunningham

Place of Abode 35 Buccleuch Street

DATED this 10th day of Nov. One thousand eight hundred and eighty eight 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, Troqueld, Certificates under the hands of Patrick Maxwell Murray, and John Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Rigg or Hawkins 9 Millroad, Maxwelltown (a pauper) and that the said Margaret Rigg or Hawkins, is a (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 Rigg or Hawkins, 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 Rigg or Hawkins, which accompanied the said Petition.

DATED this Twelfth day of November, One thousand eight hundred and eighty eight 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.

Margaret Rigg or Hawkins

Admitted 12th Nov. 1888.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries & Galloway *and his Substitutes,*—

The Petition of Andrew Wallace Inspector of Poor Govan Combination, Glasgow, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Brown Govan Police Office Govan, 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 Brown, 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.

(*To be signed by the Party applying*) Andw. Wallace

DATED this Twelfth (4) day of November, One thousand eight hundred and eighty Eight Years.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Brown
2. Sex and Age,	43 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,	35 Water Row Govan
7. Place where Found and Examined,	Govan Police office.
8. Length of time Insane,	Un Known.
9. Whether First Attack,	Yes as far as known.
10. Age (if known) on First Attack,	— — —
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	— — —
12. Duration of Existing Attack,	Un Known.
13. Supposed Cause,	Un 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,	Govan Combination meantime
18. Date of becoming Chargeable,	12 November 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Janet Goss or Brown 35 Water Row. Govan none so far as known.
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 Twelfth day of November, One thousand eight hundred and eighty eight Years.

(*To be signed by the Party applying*) Andw. Wallace

P. p.

Dumfries 12 Nov. 1888.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Barras being a (1) Doctor of Medicine of Saint Andrew's University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Govan Police Office, Albert Street, Govan in the County of Lanark separately from any other Medical Practitioner visited and personally examined (4) John Brown, Pauper, Govan Police Office, Albert Street, Govan and that the said John 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) Delusive and Incoherent. States that he is influenced by a Spark which has destroyed him, but that he is now alive again. Is excited and conducts himself strangely. Seems to have been drinking.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Police found him with nothing but his Shirt on and a bank book in his hand wandering about the streets last night.

Name and Medical Designation, James Barras M.D.

Place of Abode, Govan

DATED this 12th day of November One thousand eight hundred and eighty eight 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 Davie Taylor being a (1) M. D. 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) Govan Police Albert St, Govan in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) John Brown, Pauper, Govan Police Office, Govan and that the said John 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) Incoherent delusive, fancies he is boycotted, do know where he is, fancies this is Sun

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Police states that he was found ing about the streets armed with a hook, He has been certified insane by Police Surgeon.

Name and Medical Designation, Robert Davie Taylor

Place of Abode 7 Cecil Place, Paisley Road

DATED this 12th day of Novr. One thousand eight hundred and eighty eight 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 Dawie Taylor —
being (1) a M.D. University of Glasgow
hereby certify, on soul and conscience, that I have this day, at (2) Govan Police Office, Govan
in the County of Lanark —, seen and personally examined
John 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.

Robert Dawie Taylor M.D.

Dated this 12th day of November — One thousand eight hundred and eighty eight 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) Andrew
Wallace, Inspector of Poor Govan Combination, Glasgow,
Certificates under the hands of James Barlas —
and Robert Dawie Taylor —, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
John Brown Govan Police Office, Govan, (a pauper), and that the said
John 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 John Brown, — as a Patient into the (6) Public — Asylum of Crichton Royal Institution, — and I authorize he's Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Brown, which accompanied the said Petition.

Dated this Thirteenth day of November, One thousand eight hundred and eighty Eight 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.

I hereby request the Superintendent of
Royal Crichton Institution Dumfries to receive therein John Brown to
the foregoing Certificate Emergency Referr[illegible]

Walter Ness
Asst. Inspt of Poor Govan [illegible]

12 Nov 1888

John Brown
Govan
Admitd 12th Novr 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — *of the* (2) ~~Stewartry~~ — *of* — Dumfries & Galloway *and his Substitutes,*—

The Petition of Joseph Wylie, 26 Castle Street, Thurso, China Merchant,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Patterson

(4) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) — son-in-law,

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said — James Patterson, — to the Crichton Royal Institution, Dumfries, and to sanction his admission into the said Asylum.

(To be signed by the Party applying) Joseph Wylie

(5) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 13th (5) day of November One thousand eight hundred and 88.

STATEMENT.

If any 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 Patterson.
2. Sex and Age,	male. 40.
3. Married, Single, or Widowed,	married.
4. Condition of Life, and previous Occupation (if any),	engineer.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	11 York Square Stepney. London.
7. Place where Found and Examined,	Dumfries.
8. Length of time Insane,	about 10 months.
9. Whether First Attack,	First.
10. Age (if known) on First Attack,	39.
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,	10 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,	Thomas Patterson Father. Thurso.
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 November One thousand eight hundred and 88.

(To be signed by the Party applying) Joseph Wylie.

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, Frederick Hugh Clarke,
being a (1) Bachelor of Medicine of Glasgow University
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) The Station Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) James Patterson, Engineer, 11 York Square Stepney, London and that the said James Patterson is a (5) person of unsound mind, and a proper Person to be detained under Care and Treatment, 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 highly excitable talks incoherently and appears to have delusions of all kinds. e.g. is possessed of enormous wealth, is a candidate for representation of the Parliament, is possessed of enormous strength

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His father Joseph Wylie, Castle St. Straumer informed me that the patient has delusions of almost all subjects he speaks about, and has also a great tendency to wander away from home – sometimes for days

Name and Medical Designation, Fred. Hugh Clarke M.B.

Place of Abode, 29 Castle Street Dumfries

DATED this thirteenth day of November One thousand eight hundred and eighty eight

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Duncan Mackenzie
being a (1) Graduate of Edinburgh
and being in actual practice as a (2) Physician and Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) James Patterson 11 York Square Stepney London and that the said James Patterson is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, 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 says very many things which are not true. Is said to have delusions of all kinds. Is said to be possessed of enormous wealth. Is said to be a candidate for representation of the Parliament. Is said to be possessed of enormous strength. Is said to have been violent at times. Has been M.P. &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, A. D. Mackenzie M.B.

Place of Abode, Crichton Royal Dumfries

DATED this 13th day of Nov One thousand eight hundred and eighty eight

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Fred Hugh Clarke being (1) Bachelor of Medicine of Glasgow Universities hereby certify, on soul and conscience, that I have this day, at (2) the Station Hotel Dumfries in the County of Dumfries, seen and personally examined James Patterson, Engineer, London, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

(1) State medical qualification.
(2) State place of examination.

And I further certify that the case of the said person is one of Emergency.

Fred H Clarke MB CM

DATED this thirteenth day of November One thousand eight hundred and eighty eight.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution Dumfries Asylum to receive therein James Patterson to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, } Father in Law

Signature and Address Joseph Wylie 26 Castle Street Stranraer *Date* 13 Nov 1888

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) Joseph Wylie 26 Castle Street, Stranraer Certificates under the hands of Frederick Hugh Clarke, 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 Patterson, 11 York Square, Stepney London the said and that the said James Patterson is a (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 Patterson 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 Patterson, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this Fourteenth day of November, One thousand eight hundred and eighty eight years.

David Boyle Hope

To the Superintendent of the Asylum of (7) Public Crichton Royal Institution Dumfries.

(7) Public, District, Parochial, or Private.

James Patterson

Admd 13th Novr 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (1) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the (1)~~ Dumfries and Galloway and his Substitutes,—

The Petition of Edward Taylor, 32 Lord Mayor's Walk, York, Architect,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Adeline Taylor your Petitioner's (2) Daughter

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Adeline Taylor to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(To be signed by the Party applying) Edward Taylor

(3) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this fourteenth (3) day of November One thousand eight hundred and eighty eight 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 Adeline Taylor
2. Sex and Age,	Female aged 22
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	At School all her life
5. Religious Persuasion, so far as known,	Wesleyan Methodist
6. Previous Place of Abode,	32 Lord Mayor's Walk, York
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	Gradual development
9. Whether First Attack,	see ans to no 8
10. Age (if known) on First Attack,	do do
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Nowhere
12. Duration of Existing Attack,	see ans to no 8
13. Supposed Cause,	Temper + Pride
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no (except Threats)
16. Whether Dangerous to others,	Has threatened 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,	Edward Taylor, Father 32 Lord Mayor's Walk York, 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 fourteenth day of November One thousand eight hundred and 88

(To be signed by the Party applying) Edward Taylor

P. p.

Admd 13 Nov 1888

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Alexander Duncan Mac
being a (1) Graduate of Edinburgh
and being in actual practice as a (2) Physician & Sur
do hereby certify, on soul and conscience, that I have this day, at (3) Dr
Railway Station _____ in the County
— Midlothian — separately from any other Medical Practitioner
visited and personally examined (4) Mary Adeline Tay
32 Lord Mayor's Walk York and th
the said Mary Adeline Tay 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) is of an
Hatton reticent irritable temp
so much so as to constitute
and at times to be dangerous
herself and others

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
: Her facts says her Language
to Disorderly, Violent & Destructive
Control & Violation threatened to
the Street

Name and Medical Designation, A D Macdonald M

Place of Abode, 18 Castle St Dun

DATED this 13th day of Nov One thousand eigh
hundred and eighty eight.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, John Robert Dobie
being a (1) Bachelor of Medicine & Ma
Surgery of Edinburgh Universities
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) The Cr
Royal Institution _____ in the County o
Dundee — separately from any other Medical Practitioner
visited and personally examined (4) Mary Adeline Taylor
32 Lord Mayor's Walk, York _____ and that
the said Mary Adeline Taylor is a (5) Person
of unsound mind _____ and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
She is dull & depressed, with a
suspicious glance. Thinks that spe
are plotting against her - that her step
has undermined her in her father's eyes

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, John R Dobie M
Place of Abode, Albert Terrace
DATED this 14th day of November One thousand eight
hundred and eighty eight.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Univ. hereby certify, on soul and conscience, that I have this day, at (2) Kirkton Hall in the County of Dumfries, seen and personally examined Mary Adeline Taylor, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

(1) State medical qualification.
(2) State place of examination.

And I further certify that the case of the said person is one of Emergency.

A Dall Macdonald M.D.

DATED this 13th day of Nov One thousand eight hundred and eighty eight.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein Miss Mary Adeline Taylor to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Father

Signature and Address Edward Taylor 32 Lord Mayors Walk, York

Date Nov. 13th 1888.

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) Edward Taylor, 32 Lord Mayors Walk, York Certificates under the hands of Alexander Dall Macdonald and John Robert Dobie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Adeline Taylor, 32 Lord Mayors Walk, York (Private Patient) and that the said Mary Adeline Taylor is a (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 Adeline Taylor as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Adeline Taylor which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this Fifteenth day of November One thousand eight hundred and eighty eight years

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries.

(7) Public, District, Parochial, or Private.

Mary Adeline Taylor
Admd 13 Novr 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) County of Dumfries and Galloway~~ ~~of Argyll~~ *and his Substitutes,*

The Petition of Robert Armour, Jr., Copper Smith Longrow St. Campbeltown humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander McDonald, Clerk, Campbeltown your Petitioner's (3) Nephew is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Alexander McDonald to the Crichton Royal Institution and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Robert Armour Jr

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this sixteenth (4) day of November, One thousand eight hundred and eighty eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Alexander McDonald.
2. Sex and Age,	male. 18 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Clerk.
5. Religious Persuasion, so far as known,	Presbyterian.
6. Previous Place of Abode,	Campbeltown.
7. Place where Found and Examined,	Campbeltown.
8. Length of time Insane,	10 days.
9. Whether first Attack,	no.
10. Age (if known) on first Attack,	17 years.
11. When and where previously under Examination and Treatment,	Campbelton, & Crichton Institution
12. Duration of existing Attack,	10 days.
13. Supposed Cause,	unknown.
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,	Mother: Isabella McDonald residing at Saddell St. Campbeltown. Older Brother 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 sixteenth day of November, One thousand eight hundred and eighty eight.

(*To be signed by Party applying*) Robt Armour Jr

P. p.

Admd 13 Nov 1888

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *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 Gibson, being a (1) Graduate Edinburgh University, and being in actual practice as a (2) physician, hereby certify, on soul and conscience, that I have this day, at (3) Saddell St, Campbeltown, in the County of Argyll separately from any other Medical Practitioner visited and personally examined (4) Alexander McDonald, Saddell Street, Campbeltown, and the said Alexander McDonald, is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
General health lowered, dull and taciturn at times, restless, excited and acting without motive or aim at other times and occasionally appears to have no remembrance of what happened only in which [illegible]

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Informed by his mother that he takes his food [illegible] is frequently sleepless, is at times not aware of the [illegible] of his mother and sisters and is occasionally subject to fits of violence.

Name and Medical Designation, William Gibson [illegible]

Place of Abode, Campbeltown

DATED this twelfth day of November, One thousand eight hundred and Eighty Eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Robert Dobie, being a (1) Bachelor of Medicine & Master in Surgery of Edinburgh University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries, in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Alexander McDonald, Saddell Street, Campbeltown, and the said Alexander McDonald, is a (5) Person of unsound mind and a proper person to be detained 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 depressed, fatuous expression — talks incoherently and with hesitation.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Dr Romanes says he has attacks of depression alternating with periods of excitement when he is dangerous to himself & others. He attacked a warder this [illegible]

Name and Medical Designation, John R Dobie [illegible]

Place of Abode, Whithorn

DATED this 14th day of November, One thousand eight hundred and eighty eight.

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein Alexander Mc Donald, to whom the foregoing Certificate of Emergency refers.

Robert Armour

Relationship to pat. Uncle

2 Long Row
Campbelltown
12th November 1888

(1) 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 Armour, Janitor, Coppersmith, Longrow East, Campbeltown, Certificates under the hands of William Gibson, and John Robert Dobie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McDonald, Saddell Street Campbeltown (patient's nephew) and that the said Alexander McDonald, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Alexander McDonald, as a Patient into the (6) Public Asylum of Crichton Royal Institution, 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 McDonald, which accompanied the said Petition.

DATED this Fourteenth day of November, One thousand eight hundred and Eighty Eight 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.

(1) *Set forth the qua*
tion entitling the person
fying to grant the certi
e. g., Member of the
College of Physicians in
burgh.

(2) Physician or Surg
otherwise, as the case m

(3) *Insert the street an*
ber of the house (if a
other like particulars.

(4) *Insert Designati*
Residence, and if a
state so.

(5) Lunatic, *or* an
person, *or* an idiot, *or*
of unsound mind.

(6) *State the facts.*

times, restless, excited and acting without ... or aim at other times and occasionally appear to have no remembrance of what happened only in short ...

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others:

Informed by his Mother that he takes his food bad is frequently sleepless, is at time not aware of the ... of his mother and sisters and is occasionally subject to fits of violence.

Name and Medical Designation, William Gibson ...

Place of Abode, Campbeltown

DATED this twelfth day of November, One thousand hundred and Eighty Eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 & Master in Surgery of Edinburgh Univ and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) the Cri Royal Institution, Dumfries, in the County of Dumfries — separately from any other Medical Practitioner visited and personally examined (4) Alexander McDonald Suddell Street, Campbeltown, — and that the said Alexander McDonald — is a (5) Person of unsound mind — and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

He has a depressed, fatuous expression — talks incoherently and with hesitation.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Dr Romanes says he has attacks of depression alternating with periods of excitement when he is dangerous to himself & others. He attacked a warder this ...

Name and Medical Designation, John R Dobie ...

Place of Abode Whithorn

DATED this 4th day of November, One thousand eight hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Gibson,
being (1) a graduate Edinburgh University,
hereby certify, on soul and conscience, that I have this day, at (2) Campbeltown,
in the County of Argyll, seen and personally examined
Alexander McDonald, and that the said
person is of unsound mind, and 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 Gibson M.D.

DATED this twelfth day of November, One thousand eight hundred and eighty eight.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Robert Armour,
Janitor, Coppersmith Lonrow Head, Campbeltown,
Certificates under the hands of William Gibson,
and John Robert Dobie, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McDonald, Saddell Street Campbeltown (Argyllshire) and that the said
Alexander McDonald, is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Alexander McDonald, as a Patient into the (6) Public Asylum of Crichton Royal Institution, Dumfries, and I authorize the (7) Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alexander McDonald, which accompanied the said Petition.

DATED this Sixteenth day of November, One thousand eight hundred and Eighty Eight 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 5349.

Alexr McDonald

Admd 13 Novr 1888

N.—This Form shall [illegible] in the keeping of the [illegible] tendent of the Asylum [illegible] Order of the Sheriff [illegible] ed.

[FORM A]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries & Galloway, _____ *and his Substitutes,*

The Petition of Mrs Phoebe Henderson, 2 Crescent, Ardrossan, _____ humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that John McEwan Henderson, _____ your Petitioner's (1) 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 McEwan Henderson, _____ to the Crichton Royal Institution at Dumfries, and to sanction his admission into the said Institution.

(1) [illegible]ate Degree of Rela[illegible], or other capacity [illegible] Petitioner stands [illegible] Lu[illegible]tic.

(To be signed by the Party applying) Phoebe Henderson

DATED this thirteenth _____ (2) day of November, _____ One thousand eight hundred and eighty eight.

(2) [illegible]e date of the Peti[illegible] [illegible]st be within four[illegible] [illegible]ar days following [illegible] [illegible]s of the Medical [illegible]rtifi[illegible]tes.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. [illegible]ristian Name and Surname of Patient at length,	John McEwan Henderson.
2. S[illegible] and age,	male.
3. [illegible]rried, Single, or Widowed,	married.
4. [illegible]ndition of Life, and previous Occupation (if any),	Tweed manufacturer.
5. [illegible]ligious Persuasion, so far as known,	Protestant.
6. [illegible]evious place of abode,	Clerk hill cottage, Dumfries.
7. [illegible]ce where found and examined,	Dumfries.
8. [illegible]ngth of time Insane,	about three months.
9. [illegible]ether First Attack,	first attack.
10. [illegible]e (if known) on First Attack,	62 years.
11. [illegible]en and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	_____
12. [illegible]ration of Existing Attack,	three months.
13. [illegible]pposed Cause,	unknown.
14. [illegible]ether subject to Epilepsy,	had three fits about 11 years ago.
15. [illegible]ether Suicidal,	unknown.
16. [illegible]ether Dangerous to others,	no.
17. [illegible]rish or Union to which the Lunatic (if a Pauper) is Chargeable,	_____
18. [illegible]te of becoming Chargeable,	_____
19. [illegible]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,	Phoebe Henderson wife, 2 Crescent Ardrossan. no.
20. [illegible]ecial 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.

[illegible]ATED this thirteenth _____ day of November, _____ One thousand eight hundred and eighty eight. _____

(To be signed by the Party applying) Phoebe Henderson

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Thomas Ferguson, ———

being a (1) Bachelor of Medicine &c ———

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) Clerkhill Cottage Dumfries. ——— in the County of Dumfries ——— separately from any other Medical Practitioner, visited and personally examined (4) John McEwan Henderson Retired Manufacturer Clerkhill Cottage Dumfries and that the said John McEwan Henderson is a (5) person of unsound mind ——— and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

He wanders in his Conversation. Narrates facts which occ[urred] twenty years ago as having occurred yesterday. Says he had recently in his bedroom £5,000,000. in solid gold & a single bank note for £11,000,000.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

That he gets up during the night & converses with imaginary people through the house.

By Mrs Gibson Clerkhill Cottage Dumfries.

Name and Medical Designation, Thomas Ferguson M.B. &c

Place of Abode, 22 Castle St Dumfries

DATED this twelfth day of November, One thousand eight hundred and eighty eight.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Frederick Hugh Clarke ———

being a (1) Graduate of Medicine of Glasgow University

and being in actual practice as a (2) General practitioner ———

do hereby certify, on Soul and Conscience, that I have this day, at (3) Clerkhill Cottage Dumfries. ——— in the County of Dumfries. ——— separately from any other Medical Practitioner, visited and personally examined (4) John McEwan Henderson Retired Manufacturer Clerkhill Cottage, Dumfries and that the said John McEwan Henderson is a (5) person of unsound mind. ——— and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He talks in a disjointed manner, and has erroneous ideas as to where he is at present residing. Has absurd ideas regarding his physical condition. States that enormous sums of money have recently been placed to his credit through his hands, which is not the case.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Fred. Hugh Clarke

Place of Abode, 29 Castle Street Dumfries

DATED this Twelfth day of November One thousand eight hundred and eighty eight.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

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, Thomas Ferguson
being (1) Bachelor of Medicine
hereby certify, on Soul and Conscience, that I have this day, at (2) Clerkhill Cottage Dumfries
in the County of Dumfries, seen and personally examined John McEwan Henderson, and that the said Person is of unsound mind, and a proper Patient to be placed in an Asylum.

(1) State medical qualification.
(2) State place of examination.

And I further certify that the case of the said Person is one of Emergency.

Thomas Ferguson M.B. & C.M.

DATED this twelfth day of November One thousand eight hundred and eighty Eight.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein John McEwan Henderson to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, wife

Signature and Address, Phoebe Henderson

Date, 13th November 1888

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, Sheriff-Substitute of the County of Dumfries,
having had produced to me, with a Petition at the instance of (1) Mrs Phoebe Henderson, 2 Crescent, Ardrossan, 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 (2) John McEwan Henderson, Clerkhill Cottage, Dumfries, (Mrs Husband)
and that the said John McEwan Henderson is a (3) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John McEwan Henderson as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John McEwan Henderson, which accompanied the said Petition.

(1) Insert Name and Designation.
(2) Describe him, and if a Pauper, state
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Thirteenth day of November, One thousand eight hundred and eighty eight years

David Boyle Hope

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.)

No 5350

John McEwan Henderson

admd. 14. Novr 1888.

Date of Admission.

Name.

No.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Shire~~ of Dumfries & Galloway and his Substitutes,—

The Petition of Archibald Dempster, Inspector of Poor, City Parish Glasgow,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Hay or Blair, Pauper residing at 49 Greenvale Street, Glasgow, ~~to said parish~~ presently Chargeable is at present in a state of Mental Derangement, and 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 Hay or Blair to the Crichton Royal Asylum, Dumfries, and to sanction her admission into the said Asylum.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) A Dempster

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 14th (4) day of November One thousand eight hundred and 88.

STATEMENT.

If any 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 Hay or Blair.
2. Sex and Age,	Female. 48 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,	49 Greenvale Street Glasgow.
7. Place where Found and Examined,	49 Greenvale Street & 318 Parliamentary Road Glasgow.
8. Length of time Insane,	One week.
9. Whether First Attack,	no.
10. Age (if known) on First Attack,	45 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	1885. In City Parochial Asylum, Glasgow
12. Duration of Existing Attack,	One week.
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,	City Parish Glasgow.
18. Date of becoming Chargeable,	14th November 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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 John Blair resides at 49. Greenvale Street, Glasgow.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 13th day of November One thousand eight hundred and 88.

(To be signed by the Party applying) A Dempster P. p.

Inspector of Poor, City Parish, Glasgow

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James Dunlop
being a (1) Bachelor of medicine + master of Surgery - 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) 49 Greenvale - St. Glasgow in the County of Lanark separately from any other Medical Practitioner visited and personally examined (4) Mary Hay or Blair - pauper, 49 Greenvale St. Glasgow and that the said Mary Hay or Blair is a (5) person of unsound mind and a proper Person to be detained 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 emotional, crying out + wringing her hands. She states that she is weary of her life, + that something impels her to try to destroy herself + that she is dull + miserable + quite unlike herself.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband states that she has on two occasions already been in the Asylum. + that she on this occasion tried to throw herself over the window. + threatens violence to those around her.

Name and Medical Designation, James Dunlop. M.B. Cm.

Place of Abode, 5 Westercraigs, Dennistoun.

DATED this 13th day of November One thousand eight hundred and eighty eight.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Geo Buchan M.D
being a (1) Graduate in Medicine of Glasg Univ
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 Hay Blair Pauper Lately residing at 49 Greenvale St. Glasgow and that the said Mary Hay Blair, Pauper, is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Is Melancholic and is suicidal, + quite incapable of taking care of herself and dangerous to herself.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has been in an asylum before

Name and Medical Designation, Geo Buchan M.D

Place of Abode House Govan Hospitals

DATED this 14th day of Nov One thousand eight hundred and 88

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* 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 Dunlop.
being (1) Bachelor of medicine & master of Surgery (Glasgow)
hereby certify, on soul and conscience, that I have this day, at (2) 49 Greenvale St. Glasgow
in the County of Lanark seen and personally examined Mary Hay or Blair – pauper 49 Greenvale St. and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Dunlop. M.B. C.M.

DATED this 13th day of November One thousand eight hundred and eighty eight.

(1) State Medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope (1) Sheriff substitute of the (2) County — of Dumfries having had produced to me, with a Petition at the instance of (3) Archibald Dempster Inspector of Poor City Parish Glasgow Certificates under the hands of James Dunlop M.B.C.M. and Geo. Buchan 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 Hay or Blair 49 Granvale street Glasgow (a pauper) and that the said Mary Hay or Blair is a (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 Hay or Blair 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 Hay or Blair which accompanied the said Petition.

DATED this Fifteenth day of November One thousand eight hundred and eighty eight years.

David Boyle Stope

To the Superintendent of the (7) Public
Asylum of (Southern) 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.

I hereby request the Superintendent of the Crichton Royal Institution to receive this Mary Hay or Blair to whom the foregoing Certificate of Emergency refers.

A Dempster

Inspector of Poor, City Parish, Glasgow

Glasgow, 14th November 1888.

No. 5351
Mary Hay or Blair
City P. Glasgow
Adm. 14th Nov 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ——— of the (2) *of Dumfries and Galloway and his Substitutes, for the County of Wigtown.*

The Petition of James McWilliam, Inspector of Poor of the Parish of Kirkcowan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane McWilliam or Gibson, wife of Robert Gibson, Butcher, Kirkcowan

(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 McWilliam or Gibson ——— to the Southern Counties Asylum, Dumfries, and to sanction her admission into the said Asylum.

(To be signed by the Party applying) James McWilliam Insp.r of Poor Parish of Kirkcowan

(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 November One thousand eight hundred and eighty eight 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 McWilliam or Gibson
2. Sex and Age,	Female 48 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	formerly a milliner now Wife of a Butcher
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Village of Kirkcowan
7. Place where Found and Examined,	village of Kirkcowan & Wigtown
8. Length of time Insane,	Showing unusual symptoms of insanity for months
9. Whether First Attack,	yes
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*].	Never
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,	thought so
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcowan
18. Date of becoming Chargeable,	13 November 1888
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	R.B. Gibson Butcher Kirkcowan Husband none 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 Fourteenth day of November One thousand eight hundred and eighty eight years.

(To be signed by the Party applying) James McWilliam Inspector of Poor Parish of Kirkcowan

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Colvin being a (1) MB: Cm. (Glasgow)

and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Kirkcowan Village. in the County Wigtownshire separately from any other Medical Practitioner visited and personally examined (4) Mrs. Gibson. Kirkcowan and the said Mrs. Gibson 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)

Used violence & obscene language to her neighbours without cause. Imagines she has the things stolen from her & that her neighbours are speaking against her; Imagines her neighbours houses her own —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Imagines that the people about her wish to do her harm. Talks about her Son (when she has had none) thinks various people Christ's [illegible]

(from Mr. Gilam. her husband) (Rev. Mr. Henderson.)

Name and Medical Designation, Henry Colvin MB: [illegible]

Place of Abode, Kirkcowan N.B

DATED this thirteenth day of November One thousand eight hundred and eighty eight

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Charles McBride being a (1) Doctor of Medicine of the University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) County Building Wigtown in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Jane Gibson a pauper. Kirkcowan and that the said Jane 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)

Her violent & threatening manner, [illegible] that the people in the village are [illegible] talking about her and inflicting wrong [illegible] her

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Robert Gibson — Her Husband [illegible] that she is occasionally [illegible] & is subject to delusions

Name and Medical Designation, C McBride M.D.

Place of Abode Wigtown

DATED this 14th day of Nov One thousand eight hundred and eighty eight 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 of
having had produced to me, with a Petition at the instance of (3) James McWilliam Inspector of Poor of the Parish of Kirkcowan
Certificates under the hands of Henry Colvin M.B. C.M. Kirkcowan and Charles McBride M.B. C.M. Wigtown, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane McWilliam or Gibson and that the said Jane McWilliam or Gibson is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane McWilliam or Gibson as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize your Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane McWilliam or Gibson which accompanied the said Petition.

DATED this fourteenth day of November One thousand eight hundred and eighty eight

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.

Jane McWilliam or Tolson
Kirkcowan

Admd 15th Novr 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the (2)~~ Dumfries and Galloway *and his Substitutes,—*

The Petition of Miles Mc Innes, Inspector of Poor, Dumfries,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Monteith ——

(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 Monteith —— to the Southern Counties Asylum and to sanction his admission into the said Asylum. Two medical certs

(To be signed by the Party applying) Miles Mc Innes

(4) The date of the petition must be with-fourteen clear days following the dates of the Medical Certificates.

DATED this Seventeenth (4) day of November, One thousand eight hundred and eighty eight 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 Monteith
2. Sex and Age,	male 30 years
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Farmservant
5. Religious Persuasion, so far as known.	Protestant
6. Previous Place of Abode,	Casstown, Dumfries
7. Place where Found and Examined,	do do
8. Length of time Insane,	about two days
9. Whether First Attack,	yes
10. Age (if known) on First Attack.	30 years
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	no — when —
12. Duration of Existing Attack,	—
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	do
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,	16th Nov. 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Monteith, Sawyer, Father residing at Casstown.
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 Seventh day of November One thousand eight hundred and Eighty eight years.

(To be signed by the Party applying) Miles Mc Innes

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Joseph Garibaldi Marshall being a (1) Graduate in Medicine of Glasgow University and being in actual practice as a (2) Physician and Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Gasstown Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Robert Monteith a pauper and that the said Robert Monteith is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He has a General insane appearance talks incoherently and bursts into laughter with out any reasonte

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His mother informs me he is very violent and attempted to kill his sister and her child to day

Name and Medical Designation, J G Marshall

Place of Abode, Buccleuch St Dumfries

DATED this Sixteenth day of November One thousand eight hundred and Eighty Eight 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, Robert Swan Coulthard being a (1) Bachelor of Medicine, of Edinburgh University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) ~~Gasstown~~ Dumfries Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Robert Monteith, a pauper, of Gasstown and that the said Robert Monteith is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Insane appearance stolid & indifferent when addressed. Has a delusion that he is haunted by spirits for which he is constantly on the look out.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Smith, the Attendant at the Southern Counties Asylum says that Robert Monteith was very violent on & after admission & had to be restrained by force.

Name and Medical Designation, R. Swan Coulthard

Place of Abode Grove Street Dumfries

DATED this 17th day of November One thousand eight hundred and Eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Gaibald Marshall being (1) Graduate in Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Gaelown Dumfries in the County of Dumfries, seen and personally examined Robert Monteith, and that the said person is of unsound mind, and 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 Gaibald Marshall MB

DATED this Seventeenth day of November One thousand eight hundred and Eighty eight 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) Niles McInnes, Inspector of Poor, Dumfries, Certificates under the hands of Joseph Gaibald Marshall, and Robert Swan Coulthard —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Monteith, Gaelown, Dumfries, (a pauper) and that the said Robert Monteith — is a (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 Monteith — 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 Monteith which accompanied the said Petition.

DATED this Seventeenth day of November One thousand eight hundred and eighty eight 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.

PAROCHIAL BOARD OFFICE
16 NOV. 88
DUMFRIES.

I hereby request the Superintendent
the Southern Counties Asylum, Dumfries, to
receive therein Robert Monteith, [illegible]
the foregoing Certificate of Emergency [illegible]

Giles McAdam
Inspector of Poor
Dumfries

No 3333
Robert Monteith
Dumfries
Admd 16 Novr 1888

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.

To the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway *and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) John Armstrong, Shawhead, Cummertrees,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Isabella Armstrong,

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) ~~Wife~~ 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 Isabella Armstrong, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

John Armstrong

(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 November, One thousand eight hundred and eighty eight. One word deleted.

STATEMENT.

If any 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 Armstrong
2. Sex and age,	71 Years
3. Married, Single, or Widowed,	Widow
4. Condition of Life and previous Occupation (if any),	Farmer's Wife
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	Shawhead, Cummertrees
7. Place where found and examined,	25 Castle Street, Dumfries
8. Length of time Insane,	1st Attack 23 Years ago
9. Whether First Attack,	4th attack
10. Age (if known) on First Attack,	43 Years
11. When and where previously under Examination and treatment,	Dumfries County Asylum
12. Duration of Existing Attack,	
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Armstrong, Shawhead, Cummertrees (Son)
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this nineteenth day of November One thousand eight hundred and eighty eight years.

(To be signed by the Party applying) John Armstrong

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - - -
17. How long has he been insane? - - -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned, John Cunningham
being (1) Physician Surgeon
hereby certify, on soul and conscience, that I have this day, at (2) 25 Castle St. Dumfries
in the County of Dumfries, seen and personally examined
Isabella Armstrong, and that the said
person is of unsound mind, and 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 MD

DATED this nineteenth day of November One thousand eight hundred and eighty eight years

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I the undersigned, John Cunningham
being a (1) Licentiate of the Royal College of Physicians
Surgeons Edinburgh &c.
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) Isabella Armstrong, Widow
Dunnah, Cummertrees, Dumfriesshire. and that
the said Isabella Armstrong is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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 the appearance of an insane person, She is continually rocking her body moaning incoherently

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She is just one fortnight home from the Asylum after being an inmate for twelve months, the son tells me the above.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, John Cunningham M.D. L.R.C.P.&S.Ed

Place of Abode, 35 Buccleuch Street, Dumfries

DATED this nineteenth day of November One thousand eight hundred and eighty eight years.

MEDICAL CERTIFICATE.—No. II.

I the undersigned, Hugh Cunningham
being a (1) Licentiate of the Royal College of Physicians in Edinburgh
and of the Faculty of Physicians and Surgeons Glasgow
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) Isabella Armstrong, Widow
Dunnah, Cummertrees and that
the said Isabella Armstrong is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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 in a gloomy state of mind and is dejected in spirits.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her son informs that she has been several times under treatment in an Asylum.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Hugh Cunningham M.D.

Place of Abode, 25 Castle Street, Dumfries

DATED this 19th day of November One thousand eight hundred and eighty eight years

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, *or* Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Arnot Hannah, Cummertrees, Certificates under the hands of John Cunningham, and Hugh Cunningham, being two Medical Practitioners duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Isabella Armstrong Hannah, Cummertrees and that the said Isabella Armstrong (father's mother) is a (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 Armstrong as a Patient in the Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Armstrong which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.

DATED this Nineteenth day of November One thousand eight hundred and eighty Eight years

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Mrs Isabella Armstrong

Date of Admission, 19th Nov. 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Dumfries and Galloway *and his Substitutes,*—

The Petition of Miles Mc Adams, Inspector of Poor, Dumfries,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Gillespie your Petitioner's (3) Daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Gillespie to the Southern Counties Asylum and to sanction her admission into the said Asylum. Two weeks delute

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Miles Mc Adams

(4) The date of the petition must be with fourteen clear days following the dates of the Medical Certificates.

DATED this 23rd (4) day of November One thousand eight hundred and Eighty Eight 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 Gillespie
2. Sex and Age,	Female. 24 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,	Barnclaps, Dumfries
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	6 months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	Nowhere
12. Duration of Existing Attack,	Not known
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	23rd November 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Gillespie, Father. Millworker resides at Barnclaps. 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 23rd day of November One thousand eight hundred and Eighty Eight years

(To be signed by the Party applying) Miles Mc Adams

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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) Member of the Faculty of Physicians and Surgeons Glasgow and Graduate of the University of St. Andrews and being in actual practice as a (2) Physician and Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Barnsdale Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Gillespie a pauper and that the said Elizabeth Gillespie is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 death is overtaking her at all hours. very uncertain in her sleep.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Mother gives much the same history of her as the above

Name and Medical Designation, W Marshall M.D.

Place of Abode Buccleuch St. Dumfries

DATED this Twenty Second day of November One thousand eight hundred and Eighty Eight 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 Swan Coulthard being a (1) Graduate in Medicine & Surgery Edinburgh University Physician & Surgeon and being in actual practice as a (2) do hereby certify, on soul and conscience, that I have this day, at (3) Barnsdale Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Gillespie, a pauper and that the said Elizabeth Gillespie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Hysterical crying low-spirits; melancholy thoughts. Suffers from the delusion that she is dying

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her mother says she has been in low spirits for about six months; that she is crying & is very melancholic at times

Name and Medical Designation, R. Swan Coulthard M.D.

Place of Abode Bruce St. Dumfries

DATED this 22nd day of November One thousand eight hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Robert Swan Coulthard, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Gillespie Millworker Barnclaps, Dumfries, a Pauper and that the said Elizabeth Gillespie is a (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 Gillespie 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 Twenty third day of November One thousand eight hundred and eighty eight 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 Gillespie
Dumfries

Adm. 23 November 1888

N.—This Form shall ... in the keeping of the ... tendent of the Asylum ... Order of the Sheriff ... ed.

[FORM A]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway: —

— *and his Substitutes,*—

The Petition of James Watson, 14 Cliftonville, Belfast

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that — Mary Jane Watson, — your Petitioner's (1) — 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 Jane Watson, — to the Crichton Royal Institution at Dumfries, and to sanction her — admission into the said Institution.

(1) State Degree of Relationship, or other capacity with Petitioner stands Lunatic.

(To be signed by the Party applying) James Watson

(2) The date of the Petition must be within four-teen year days following the dates of the Medical Certificates.

DATED this twenty eighth — (2) day of November — One thousand eight hundred and eighty eight.—

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Jane Watson
2. Sex and age,	Female age 40
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farmers daughter
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous place of abode,	Portadown Ireland
7. Place where found and examined,	—
8. Length of time Insane,	18 months
9. Whether First Attack,	first attack
10. Age (if known) on First Attack,	39
11. When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	Mr Orr Private assylum Richhill 1888
12. Duration of Existing Attack,	18 months
13. Supposed Cause,	not aware of any cause except neglected health
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	at first she was though so but not lately
16. Whether Dangerous to others,	I have never heard of her being 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,	Alex Watson Cornamuckle Portadown Brooklyn James Watson Belfast do Agnes Mompsey do Sister No member of the family ever 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 twenty eighth — day of November, — One thousand eight hundred and eighty eight.—

(To be signed by the Party applying) James Watson

Dumfries

Adm. 23 November 1888

[A 1807]

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Andrew Halliday ——— being a (1) graduate of Medicine of Glasgow Universi
and being in actual practice as a (2) ——— Surgeon ———
do hereby certify, on Soul and Conscience, that I have this day, at (3) the Dumfr
& Galloway Royal Infirmary ——— in the County of
Dumfries ——— separately from any other Medical Practitioner,
visited and personally examined (4) Mary Jane Watson, gott
Portadown Ireland ——— and that
the said — Mary Jane Watson — is a (5) insane perso
——— and a proper Person to be detained
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 & excited appearance. Has the delusi that some one is going to do her some injury. She says that she wishes to go to her sister's who she says has deserte her

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, Andrew Halliday R.N.

Place of Abode, Dumfries & Galloway Royal

DATED this 24th day of Novembe One thousand eight hundred and Eighty eight.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Richard B. Lorraine ——— being a (1) Graduate of Medicine & Edinburgh Univ
and being in actual practice as a (2) Medical Practitioner ———
do hereby certify, on Soul and Conscience, that I have this day, at (3) Crichton
— House, Crichton Royal Institution in the County of
— Dumfries — separately from any other Medical Practitioner,
visited and personally examined (4) Mary Jane Watson, Gentl
— Portadown, Ireland ——— and that
the said Mary Jane Watson — is a (5) person
— of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) looks very anxio
and depressed, talks in a very melanc
tone of voice, & very suspicious of her relati
the wish her money. keeps continually repeati
wishes to go home,

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

Place of Abode, 16 Castle St. Dumfries

DATED this twenty-seventh day of November One thousand eight hundred and eighty eight years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Andrew Halliday being (1) a Bachelor of Medicine of University of Glasgow hereby certify, on Soul and Conscience, that I have this day, at (2) the Royal Infirmary Dumfries in the County of Dumfries, seen and personally examined Miss Mary Jane Watson, and that the said Person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said Person is one of Emergency.

(1) State medical qualification.

(2) State place of examination.

Andrew Halliday

DATED this Twenty Seventh day of November One thousand eight hundred and eighty eight.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Mary Jane Watson to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Brother

Signature and Address, James Watson 14 Cliftonville Belfast

Date, 27th Novr 1888

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Sheriff-Substitute of the County of Dumfries, having had produced to me, with a Petition at the instance of (1) James Watson, 14 Cliftonville Belfast, Certificates under the hands of Andrew Halliday, 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 (2) Mary Jane Watson, Portadown Ireland, (Petrs sister) and that the said Mary Jane Watson is an (3) 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 Jane Watson, as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Jane Watson, which accompanied the said Petition.

(1) Insert Name and Designation.

(2) Describe him, and if a Pauper, state so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twenty eighth day of November One thousand eight hundred and eighty eight years.

David Boyle Hope

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries,

No 5356

Mary Jane Watson

Admr. 27 Novr 1888.

Date of Admission.

Name.

No.

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway at Dumfries:

——— *and his Substitutes,*—

(3) Insert Name and Designation.

The Petition of (3) George Walker, of 4 Bayview Terrace, Londonderry,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Lucy Walker, 96 Richmond Terrace, Belfast,

(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 Lucy Walker, ———— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction Her admission into the said Asylum.

George Walker

(5) The date of the Petition must be within four clear days following the dates of the Medical Certificate.

DATED this twenty eighth (5) day of November, ——— One thousand eight hundred and Eighty Eight—

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1	Christian Name and Surname of Patient at length,	Lucy Walker
2	Sex and age,	Female – fifty Seven
3	Married, Single, or Widowed,	Single
4	Condition of Life and previous Occupation (if any),	Private Lady
5	Religious Persuasion, so far as known,	Presbyterian.
6	Previous place of abode,	Belfast Ireland. 96 Richmond Terrace.
7	Place where found and examined,	Belfast — do
8	Length of time Insane,	about one month.
9	Whether First Attack,	no.
10	Age (if known) on First Attack,	about 30.
11	When and where previously under Examination and treatment,	Belfast.
12	Duration of Existing Attack,	about one month.
13	Supposed Cause,	Family Affliction.
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 Walker. 4 Bayview Terrace Londonderry } 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 eighth day of November One thousand eight hundred and eighty eight.

(To be signed by the Party applying) George Walker.

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Londonderry. Ireland
2. Character of Education,	Good
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful and [illegible]
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~~ she affected? How long? Where was she treated?	Yes - Twice - same as now - [illegible] Nickhill - armagh on first [illegible] at home under prior to treatment [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~~ her father and mother, brothers or sisters? What diseases has she or ~~his~~ her relatives been subject to?	Old age - has 3 Brothers alive none
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Domestic affliction
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	Domestic affliction
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	alteration of conduct 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.?	none except Sleeplessness
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	more aggravated
13. What changes have taken place in ~~his~~ her bodily symptoms?	none
14. Is he 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?	No
17. How long has she been insane?	about one month.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned,

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 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) 18 Castle St Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Lucy Walker Spinster 96 Richmond Terrace Belfast Ireland and that the said Lucy Walker is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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 of an excitable appearance is very sleepless & excited since her mothers & sisters death

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) the attendant says that she attempted to throw herself from the window today has been in an asylum twice previously

(7) *State the Information, and from whom derived.*

Name and Medical Designation, A D MacDonald MDC

Place of Abode, 18 Castle St Dumfries

DATED this 27th day of Nov One thousand eight hundred and eighty eight

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MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Richard B. Lorraine being a (1) Graduate of Medicine 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) 16 Castle St Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Lucy Walker Spinster 96 Richmond Terr: Belfast Ireland and that the said Lucy Walker is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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 felt today coming over in the boat from Belfast very dull and did not care what became of her, has felt dull and melancholy since her mother died in June last, does not sleep well and is very irritable at times

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Nurse ~~who brought her~~ says she wished to jump out of a window today, also she has struck the nurse twice on the way from Belfast

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Richard B. Lorraine MBCM

Place of Abode, 16 Castle St Dumfries

DATED this twenty seventh day of November One thousand eight hundred and eighty eight 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) George Walker of 4 Bay View Terrace, Londonderry, Certificates under the hands of Alexander Dall MacDonald and Richard B. Lorraine, being two Medical Pers[illegible] duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care a[illegible] Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Luna[illegible] Asylums in Scotland," setting forth that they had separately visited and examined [illegible] Walker, 96 Richmond Terrace, Belfast, (Petn's Sister) and that the s[illegible] Lucy Walker — is a (5) person of un[illegible]sound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you receive the said Lucy Walker, — 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 Lucy Walke[illegible] which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.

DATED this Twenty eighth day of November One thousand eig[illegible] hundred and eighty eight years.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, ...

Date of Admission, ...

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Theodore Rainy Brotchie
being a (1) M.D. University Aberdeen Scotland

and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day at (3) 96 Gt
Victoria St Belfast in the County of
Antrim separately from any other Medical Practitioner,
visited and personally examined (4) Lucy Walker, Spinster
and that
the said Lucy Walker is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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.*

Mania. Fully remorse and regret
for any actions of her life.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Twice in private asylum before.

Name and Medical Designation, Theodore Rainy Brotchie M.D.

Place of Abode, 102 Gt Victoria St. Belfast

DATED this 27th day of Nov One thousand eight hundred and 88

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, William Gillespie Mackenzie
being a (1) F.R.C.S. Ed. & L.R.C.P.Ed

and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3)
92 Gt Victoria St. Belfast, in the County of
Antrim separately from any other Medical Practitioner,
visited and personally examined (4) Lucy Walker, Spinster
and that
the said Lucy Walker is a (5) person
of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert 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) utter inability to take care of herself. Hallucinations, remorse & threatening to take her own life

(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.*

Twice in private Asylum before
She tried to jump from 2nd Storey window

Name and Medical Designation, W. Gillespie Mackenzie F.R.C.S.Ed.

Place of Abode, 92 Gt. Victoria St Belfast

DATED this 27th day of Nov One thousand eight hundred and eighty-eight

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSI
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, *or* Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, (3)
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 Per
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care
Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lun
Asylums in Scotland," setting forth that they had separately visited and examined
and that the

(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 ei
hundred and

.....

To the Medical Superintendent of the
Crichton Royal Institution, Dumfries.

Name, Lucy Walker

Date of Admission, 28 Novr 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Sheriffdom of Dumfries and Galloway and his Substitutes

The Petition of George Dickson Baillie Inspector of Poor Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John M'Lelland

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Head as 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 M'Lelland to the Royal Crichton Institution and to sanction his admission into the said Asylum.

(To be signed by the Party applying) Geo. D. Baillie

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this twenty ninth (4) day of November One thousand eight hundred and eighty eight

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John M'Lelland
2. Sex and Age,	male
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Plumber
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	23 Queen St. Stranraer
7. Place where Found and Examined,	Do Do.
8. Length of time Insane,	about a fortnight
9. Whether First Attack,	First
10. Age (if known) on First Attack,	now 24 years
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	No
12. Duration of Existing Attack,	about a fortnight
13. Supposed Cause,	sleeplessness – unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	doubtful
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Stranraer
18. Date of becoming Chargeable,	Nov. 29 1888
19. Christian Name and Surname, and Place of Abode of nearest known 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. William M'Lelland 23 Queen St Stranraer half brother similar – now dead
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 29th day of November One thousand eight hundred and eighty-eight *(To be signed by the Party applying)* Geo. D. Baillie

Lucy Walker

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander William Dalgarno being a (1) Graduate in Medicine Surgery of A[illegible] 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) 23 Queen St Strauraer in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) John McLelland, [illegible] residing there and th[illegible] the said John McLelland is a (5) lunatic and a proper Person to be detain[illegible] under Care and Treatment, and that I have formed this opinion upon the followi[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has an excite[illegible] nervous manner, tells me that his neighbo[illegible] are constantly telling him he has com[illegible] murder. That people come at night and tell him so.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) [illegible] father William McLelland says he is [illegible] excited in his manner, that he has [illegible] himself through a window & has threaten[illegible] fathers & his own life.

Name and Medical Designation, } Alex Dalgarno

Place of Abode, 17 Lewis St Strauraer

DATED this 29th day of November One thousand eig[illegible] hundred and Eighty Eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, George Scott being a (1) MB & CM. 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) 23 Queen Strauraer in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) John McLelland residing [illegible] 23 Queen St. Strauraer and th[illegible] the said John McLelland is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 John McLelland [illegible] restless & excited; Says people are accusing him of having been [illegible] death of a man in Strauraer with whom he had no connection [illegible] thinks the police & others are in pursuit of him; that his brain [illegible] & in a liquid condition.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) [illegible] William McLelland says John has not been sleeping well for [illegible] weeks, that he imagines people are going to take his life & [illegible] for having had part in the death of a man who fell [illegible] bus in Strauraer about 10 days ago. That last night he [illegible] a window & was hiding from imaginary pursuers & going [illegible] down stairs Knees up &

Name and Medical Designation, } George Scott MB

Place of Abode 86 George St Strauraer

DATED this 29th day of November One thousand eight hundred and Eighty Eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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) Advocate Sheriff Substitute of the (2) Sheriffdom of Dumfries and Galloway having had produced to me, with a Petition at the instance of (3) George Dickson Baillie Inspector of Poor Stranraer Certificates under the hands of Alexander William Dalgarno and George Scott ~~and~~ both physicians & Surgeons in Stranraer, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John McLelland Grangrover Queenstreet Stranraer and that the said John McLelland 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 John McLelland as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John McLelland which accompanied the said Petition.

DATED this twenty ninth day of November One thousand eight hundred and eighty eight

George Dickson

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 M. Leland
Stranraer
Adm. 29 Novr. 1888.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — of the (2) ~~Shire~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of Archibald Dempster, Inspector of Poor, City Parish Glasgow,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Ann Blair or Mc Donald Pauper,

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

~~your Petitioner's~~ (3) presently chargeable to subparish,

is at present in a state of Mental Derangement, and 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 Blair or Mc Donald, — to the Crichton Royal Institution Dumfries, and to sanction her admission into the said Asylum.

(To be signed by the Party applying) A Dempster

(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 November One thousand eight hundred and 88. —

STATEMENT.

If any 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 Blair or Mc Donald,
2. Sex and Age,	Female, 26 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,	29 Gladstone Street Glasgow.
7. Place where Found and Examined,	29 Gladstone Street & 318 Parliamentary Road, Glasgow,
8. Length of time Insane,	2 weeks.
9. Whether First Attack,	Yes.
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*],	Not Previously under treatment.
12. Duration of Existing Attack,	2 weeks.
13. Supposed Cause,	Fright.
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	Yes,
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish Glasgow
18. Date of becoming Chargeable,	30th November 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Daniel Mc Donald, resides at 29 Gladstone Street, Glasgow,
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 29th day of November One thousand eight hundred and 88.

To be signed by the Party applying) A Dempster

P. P.

Inspector of Poor, City Parish Glasgow.

Steamer 29 Nov. 1888.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Orr being a (1) Graduate in Medicine of Glasgow Univ. & a Licentiate of the College of Surgeons, Edinb. and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 29 Gladstone Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Mary Ann Blair or McDonald Pauper, of 29 Gladstone St., Glasgow and that the said Mary Ann Blair or McDonald is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 confused in mind. Cannot answer questions intelligently. Thinks that her neighbours illuse her. Requires to be constantly guarded to prevent her going over the windows. Cannot take care of herself in any

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Husband, Mother & aunt state that for the past two weeks, she has become quite changed in manner & character. Is at times wild & unmanageable and often refuses to take food.

Name and Medical Designation, Robert Orr M.D. Surg.

Place of Abode, 330 St. George's Road, Glasgow

DATED this 29th day of November One thousand eight hundred and 88

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 of Medicine of Glasgow Univ. 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 Ann Blair or McDonald of 29 Gladstone St Glasgow, pauper and that the said Mary Ann Blair or McDonald 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 talks insanely constantly and incoherently; requires to be held owing to her violence; gave me a kick with her foot; is maniacal

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She has been deranged in mind for about a fortnight. Information from husband

Name and Medical Designation, Alex Robertson

Place of Abode 16, Newton Terrace, Glasgow

DATED this 30th day of November One thousand eight hundred and 88

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Robert Orr being (1) a Graduate in Medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) 29 Glads Pone St., Glasgow in the County of Lanark, seen and personally examined Mary Ann Blair or McDonald, and that the said person is of unsound mind, and 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 Orr M.D. Surgeon

DATED this 29th day of November One thousand eight hundred and 8L.

(1) 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) Archibald Dempster Inspector of Poor, City Parish Glasgow, Certificates under the hands of Robert Orr, M.D. and Alex. Robertson, 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 Ann Blair or McDonald 29 Gladstone street, Glasgow (a pauper) and that the said Mary Ann Blair or McDonald 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 Blair or McDonald 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 Ann Blair or McDonald which accompanied the said Petition.

DATED this First day of December One thousand eight hundred and eighty eight 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.

I hereby request the Superintendent of the Crichton Royal Institution, to receive there Mary Ann Blair or McDonald, to whom the foregoing Certificate of Emergency refers

A Dempster

Inspector of Poor, Lty Parish, Glasgow

Glasgow, 30th November 1888.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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, (1)
of the (2) of
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 3330

Mary Ann Blair or
Mc Donald
City P. Glasgow
Admn 30 Novr 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* Dumfries & Galloway (2) *and his Substitutes,*—

of the (2) Dumfries

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 James Mc. Gill your Petitioner's (3) Nephew is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Mc. Gill 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.

(To be signed by the Party applying) James Christison

DATED this 1st (4) day of December One thousand eight hundred and eighty eight

(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 Mc. Gill
2. Sex and Age,	Male 58 years
3. Married, Single, or Widowed,	Widowed
4. Condition of Life, and previous Occupation (if any),	Joiner
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kildarroch
7. Place where Found and Examined,	Murkfarm Row
8. Length of time Insane,	Two or 3 days
9. Whether First Attack,	No
10. Age (if known) on First Attack,	57
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 1888
12. Duration of Existing Attack,	Two or three days
13. Supposed Cause,	Cannot say
14. Whether subject to Epilepsy,	Cannot say
15. Whether Suicidal,	Cannot say
16. Whether Dangerous to others,	Cannot say
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkinner Parish
18. Date of becoming Chargeable,	1st Dec. 1888
19. Christian Name and Surname, and Place of Abode of nearest known 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 Mc. Gill. Kildarroch. Kirkinner 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 1st day of December One thousand eight hundred and eighty eight

(To be signed by the Party applying) James Christison

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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) Charles McBride Doctor of Medicine Member of G[illegible]
and being in actual practice as a (2) Physician Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 1 Farm Row Monkhill in the County of
Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) James McGill
Kildarroch Monkhill a pauper and that
the said James McGill is a (5) Person
of unsound Mind and a proper Person to be detained
under Care and Treatment, 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 talkative
Says the people tell him he was in
Yells & inclining to threaten as Captain

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Margaret Palmer Rodger says that
McGill has been threatening to his brother
and had to hold him from attempting

Name and Medical Designation, Charles McBride

Place of Abode, Wigtown

DATED this first day of December one thousand eight hundred and eighty eight years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Robert Dobie
being a (1) Bachelor of medicine and a mem
ber of Surgery of Edinburgh Universities
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Mount
Farm Row, Monkhill in the County of
Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) James McGill,
Kildarroch, Monkhill, a Pauper and that
the said James McGill is a (5) Person
of unsound Mind and a proper person to be detained
under Care and Treatment, 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 & excited — talks incoherently & incoherently — Commences at times
without cause — Said he built a boat
carried him to America.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

William Rodger says that he is
very excited this morning violent
& Cursing & threatening those around

Name and Medical Designation, John R Dobie

Place of Abode Whithorn

DATED this 1st day of December One thousand eight hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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) ~~Charles M'Bride~~ James ~~M'Gill~~ (Pauper) Christian Inspector of Poor for the Parish of Kirkinner ~~M.D. Wigtown and John Robert Dobie M.B. Whithorn~~ Certificates under the hands of Charles M'Bride M.B. Wigtown and John Robert Dobie M.B. Whithorn, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) the said James M'Gill (Pauper) and that the said James M'Gill is a (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 M'Gill as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize you to Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said which accompanied the said Petition.

Mac'Kie

DATED this third day of December One thousand eight
hundred and eighty eight

Wm Mackie

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 3360

James M. Gill

Kirkinner

Admr 3rd Decr 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Lanark *and his Substitutes,—*

The Petition of ~~And~~ John Main. Assistant Inspector of Poor for the Parish of New Monkland. humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Clachan, 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 Clachan 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*) John Main.

(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 December One thousand eight hundred and eighty eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Clachan.
2. Sex and Age,	Female. aged. 20½ yrs.
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,	Crawfurdland Castle nr Tillmacnock
7. Place where Found and Examined,	Station House Rawyards. Airdrie.
8. Length of time Insane,	Unknown
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	20½ years old.
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,	See No. 8.
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Not Known.
16. Whether Dangerous to others,	Supposed to be
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	New Monkland.
18. Date of becoming Chargeable,	5th December 1888.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	Wm Clachan (father) Crosshill near Mauchline & James Simpson (Uncle) Rawyards Station House
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Father hippocondrical by Airdrie.

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 eight.

(*To be signed by the Party applying*) John Main.

P. p.

James Kirkinner
Adm: 3rd Dec: 1888

MEDICAL CERTIFICATE, No. 1.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Hugh Arthur being a (1) Doctor of Medicine of Glasgow Univers

and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Rawyard Station House Lanark in the County o separately from any other Medical Practitioner visited and personally examined (4) Margaret Clachan a Pauper and tha the said Margaret Clachan is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the followin grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently has an excited appearance, said she had got her tea yesterday, and that we were to be married today, & incessantly talking nonsense.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs James Simpson states that she behaves very strangely & threatens to strike her with the poker & that she requires to be watched as she might

Name and Medical Designation, Hugh Arthur M

Place of Abode, Airdrie

Dated this fifth day of December One thousand eight hundred and eighty eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Montgomerie Alston being a (2) doctor of medicine of the Univ of Glasgow and being in actual practice as a (2) general practitione do hereby certify, on soul and conscience, that I have this day, at (3) Rawyard Station House Lanark in the County o separately from any other Medical Practitioner visited and personally examined (4) Margaret Clachan, a and that the said Margaret Clachan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 excited appearance and talks incoherently and in a peculiar way

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Simpson her aunt with whom she presently residing informed me that she has been excitable. that she returned last night after having been away since Och Xmas year and behaved in a strange manner. that she was flighty and during the night attempted to strangle herself with a towel and to throw herself out of window

Name and Medical Designation, James Montgomerie Alston M.D. L.R.C.S.Ed

Place of Abode Airdrie

Dated this fifth day of December One thousand eight hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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, Andrew Aitken Sheriff Substitute of (1)
of the (2) County of Lanark
having had produced to me, with a Petition at the instance of (3) John Main Assistant Inspector of Poor New Monkland
Certificates under the hands of Stuart Arthur M.D.
and Henry Emerie Alston M.D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Clachan a pauper and that the said Margaret Clachan is a (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 Clachan as a Patient into the (6) District Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Lunatic which accompanied the said Petition.

DATED this Fifth day of December One thousand eight hundred and Eighty Eight

R.A.W. [signature]

To the Superintendent of the (7) District 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 5361

Margaret Clachan

New Monkland

Adm. 6 Decr 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff — *of the* (2) ~~County~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of George C. Mc. Millan Inspector of Poor, Carsphairn

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Hugh Mc. Culloch, ———

(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 Hugh Mc. Culloch, ——— to the Dumfries Asylum, ——— and to sanction his admission into the said Asylum.

George C. Mc. Millan

(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 December, — One thousand eight hundred and Eighty eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1 Christian Name and Surname of Patient at length,	Hugh Mc. Culloch.
2 Sex and Age,	Male 66.
3 Married, Single, or Widowed,	Widower.
4 Condition of Life, and previous Occupation (if any),	Stone Dyker.
5 Religious Persuasion, so far as known,	Protestant.
6 Previous Place of Abode,	Burnfoot, Carsphairn.
7 Place where Found and Examined,	Do
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,	
12 Duration of Existing Attack,	about 10 days
13 Supposed Cause,	Hereditary.
14 Whether subject to Epilepsy,	no
15 Whether Suicidal,	no
16 Whether Dangerous to others,	no
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Carsphairn.
18 Date of becoming Chargeable,	6th Dec 1888.
19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Samuel Mc. Culloch Son of the above Hugh Mc. Culloch residing at Burnfoot Carsphairn. A Brother & Sister of patient known to have been insane.
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	an Uncle committed Suicide.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 7th Seventh day of December, — One thousand eight hundred and Eighty-Eight

(*To be signed by Party applying*) Geo. C. Mc. Millan

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robt. McLachlan
being a (1) Bachelor of Medicine & Master in Surgery of the University of Glasgow & Licentiate of the Royal College of Physicians of Edinburgh.
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Burnfoot - Carsphairn - Kirkcudbright
in the County of Kirkcudbright
separately from any other Medical Practitioner
visited and personally examined (4) Hugh McCulloch, Pauper - Carsphairn - Kirkcudbright
and
the said Hugh 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) (1) Mr Jamieson the Inspector is about to convey him off to the Parochial Asylum (2) Mr Jamieson states that he has done something dreadful to his wife's anus for which he is now being tried by the Sheriff - a declinature due to the power of Evil (3) Mr Jamieson thought the Slightest Pace was Cancer Edwards (4) Jamieson stated that he was dead & about to be prepared for burial

2. Other facts (if any) indicating Insanity communicated to me by others: (7) (1) Sleeplessness - (2) The refusal to take food as he pleas that it will choke him, while he takes his tea & bites it without difficulty (3) The Constant hoping that he is to be removed to the Infirmary Asylum.

Name and Medical Designation, Robt McLachlan M.B.

Place of Abode, Dalmellington, By Ayr

DATED this Sixth day of Dec — One thousand eight hundred and Eighty Eight.

(14) Jamieson stated that he was dead & about to be prepared for burial

Informant Jas Jamieson Mr McCulloch wife Brother

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so,*

(5) Lunatic, *or* an insane person, *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 & 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) Dalry - Kelloway - Kirkcudbright
in the County of Kirkcudbright
separately from any other Medical Practitioner
visited and personally examined (4) Hugh McCulloch, Pauper - Carsphairn
and
the said Hugh McCulloch, a Pauper
is a (5) person of unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
I Visiting countries such as India, Egypt this summer, while never out of Carsphairn -

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Fancied there was a coffin in the house for himself. Not taking food.
Information got from George & Mr Mullan, Joiner, Carsphairn

Name and Medical Designation, David Arthur M.B.

Place of Abode New Kelloway

DATED this twenty day of December One thousand eight hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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. M'Lachlan being (1) Bachelor of Medicine & Master in Surgery & Glasgow Universities hereby certify, on soul and conscience, that I have this day, at (2) Burnfoot. Carsphairn - in the County of Kirkcudbright, seen and personally examined Hugh M'Culloch. 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.

Robt M'Lachlan M.B. & C.M.

DATED this Sixth day of Decr One thousand eight hundred and Eighty Eight.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) George C. McMillan, Inspector of Poor, Carsphairn Certificates under the hands of Robert M'Lachlain and David Arthur, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 M'Culloch, Burnfoot, Carsphairn, (a Pauper) and that the said Hugh M'Culloch is a (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 M'Culloch as a Patient into the (6) Public Asylum of Southern Counties, Dumfries and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Hugh M'Culloch which accompanied the said Petition.

DATED this Seventh day of Decembr One thousand eight hundred and eighty eight 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.

Hugh McCulloch
Carsphairn
Admd. 7 Decr. 1888_

9681.

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT A TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Andrew Wallace being desirous to transfer Charles Rowall Mc Guffie at present a Patient in Midlothian & Peebles Asylum, and (1) a Pauper Lunatic of the Parish of which I am Inspector of Poors from the said Asylum to the Royal Crichton Institution Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Charles Rowall Mc Guffie 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 Wallace

(2) Inspector of Poor Govan Combⁿ

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow this Third day of December one thousand eight hundred and eighty eight years

STATEMENT.

1.	Christian Name and Surname of Patient at length,	Charles Rowatt McGuffie
2.	Sex and Age,	Male 29 years
3.	Married, Single, or Widowed,	Single
4.	Condition of Life, and Previous Occupation (if any),	Medical Student
5.	Religious Persuasion, so far as known,	Protestant
6.	Date of Admission into Asylum,	12th August 1888
7.	Length of time Insane,	Eight months
8.	Whether first Attack,	Said to be first Attack
9.	Age (if known) on first Attack,	29 years
10.	Duration of existing Attack,	Eight months
11.	Supposed Cause,	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,	Govan Combination
16.	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Brother, - Robert A. McGuffie 105. Warrender Park Rd. Edinr. No Member of family known to be or to have been insane.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Andrew Wallace

DATED this Third day of December One thousand eight hundred and eighty eight

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 Richard Blackwell Mitchell being (1) a Doctor of Medicine of Edinburgh Universi hereby certify that I have this day at (2) the Midlothian and Pe District Asylum personally examined Charles Rowatt McGuffie at p Patient in said Asylum, and with respect to his Mental State that he is restless, excited, violent, noisy and d in his habits, and that he has ma insane delusions such as that he is he millions of money. ; and with respec Bodily Health and Condition that they are week, b much reduced in condition.

and I further certify that, in my opinion, there is nothing in the Mental or Bodil dition of the Patient to contraindicate removal to the Royal Asylum of Dumfr

Richard B. Mitchell

DATED this thirtieth day of November One thousan hundred and eighty eight.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the She

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) the Inspector Poor, Parish of Govan to authorize the transfer of Charles Rowatt McGuffie from Midlothian & Peebles District Asylum to Crichton Royal Institution, Dumfries and the Board having considered such applicati the accompanying Medical Certificate, do hereby authorize the transfer (2) of th Charles Rowatt McGuffie as requested.

William Mitchell Commissio

DATED at Edinburgh, this 4th day of December thousand eight hundred and eighty eight.

Date of Sheriff's Order:-
13th August 1888.

No 5363
Charles Rowatt McGuffie
Govan
Dec 7th 1888

31.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Archibald Dempster, Inspector of Poor, City Parish Glasgow,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas McCallion, Pauper Inmate of

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(3) Town's Hospital Glasgow, and presently chargeable to said 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 Thomas McCallion, Pauper, to the Crichton Royal Institution, Dumfries, and to sanction his admission into the said Asylum.

(To be signed by the Party applying) A. Dempster

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 7th — (4) day of — December, One thousand eight hundred and 88.

STATEMENT.

If any 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 McCallion.
2. Sex and Age,	Male, 32 years.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Lorryman,
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	358 Townhill Road, Glasgow
7. Place where Found and Examined,	Town's Hospital, Glasgow
8. Length of time Insane,	A few days.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	32 years.
11. When and where previously under Examination and Treatment (*name of Establishment into which last received, and Year of Reception or approximation thereto*),	Not previously under treatment.
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,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish Glasgow.
18. Date of becoming Chargeable,	7th December 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Theresa Joyce McCallion resides at 358, Townmill Road, Glasgow.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 7th day of December, One thousand eight hundred and 88.

(To be signed by the Party applying) A. Dempster

P. P.

Inspector of Poor, City Parish 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
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) No 2 Wm Towns Hospital, Glasgow in the County of Lanark separately from any other Medical Practitioner visited and personally examined (4) Thomas McCallion, Patient therein and the said Thomas McCallion 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) thinks a person in white is following him and an angel and a black cat which is the Devil, to bring poison both himself and wife, they are on roof of the ward and dropping the poison

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

His wife told me } Two days ago he nearly strangled his wife because she would not take salt water which he thought would keep her from being poisoned

Name and Medical Designation, Geo Buchan MD

Place of Abode, House, Town's Hospital, Glasgow

DATED this 7th day of December One thousand eight hundred and 88

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Town's Hospital, Glasgow, in the County of Lanark separately from any other Medical Practitioner visited and personally examined (4) Thomas McCallion, patient therein and the said Thomas McCallion 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) Sees angels says putting poison into his food and that one is away putting poison into his wife's food.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He charged the nurse with poisoning him. Information from nurse.

Name and Medical Designation, Alex Robertson

Place of Abode 16 Newton Terrace

DATED this 7th day of December One thousand eight hundred and 88

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Geo Buchan M.D. being (1) A Graduate in Medicine of Glasg Univer hereby certify, on soul and conscience, that I have this day, at (2) No 2 Ward, Town's Hospital in the County of Lanark, seen and personally examined Thomas McCallion Pauper and that the said Glasgow person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Geo Buchan M.D.

DATED this 7th day of Dec, One thousand eight hundred and 87.

(1) 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) Archibald Dempster Inspector of Poor City Parish Glasgow Certificates under the hand 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) Thomas McCallion, Town's Hospital Glasgow, Labourer and that the said Thomas McCallion 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 Thomas McCallion, 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 McCallion which accompanied the said Petition.

DATED this Tenth day of December, One thousand eight hundred and eighty eight years.

David Boyle Hope

To the Superintendent of the (7) Asylum of Public 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.

I hereby request the Superintendent of the Crichton Royal Institution to receive therein Thomas McCallion, to whom the foregoing Certificate of Emergency refers.

H Dempster

Inspector of Poor, City Parish Glasgow

Glasgow 7th December 1888.

Thomas McCallion
City P. Glasgow
Admd 7 Dec. 1888

35 & 36 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 ~~Roman Catholic Bishop of Dr Boyle Hope Esq Dumfries~~
~~Kirkcudbright~~ *and his Substitutes,*

(3) Insert Name and Degnation.

The Petition of (3) ~~West Kilbride~~ Peter McConchie, Schoolmaster ~~Ayrshire~~
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 Jane McConchie,
is at present in a state of Mental Derangement, and 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 McConchie, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Peter McConchie

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 4th (5) day of December One thousand eight hundred and Eighty eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	mary Jane McConchie.
2. Sex and age,	Female. 20 years
3. Married, Single, or Widowed,	Spinster (unmarried) residing at
4. Condition of Life and previous Occupation (if any),	home with her parents
5. Religious Persuasion, so far as known.	member of the Est Church of Scotland
6. Previous place of abode,	West Kilbride Ayrshire.
7. Place where found and examined,	At Glasgow & at West Kilbride
8. Length of time Insane,	Two months or thereabouts
9. Whether First Attack,	first attack
10. Age (if known) on First Attack,	
11. When and where previously under Examination and treatment,	Has been under medical treatment for some wks by Dr Robertson Lid Hospn
12. Duration of Existing Attack,	Two months
13. Supposed Cause,	Stoppage of the menses (catamenia)
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	not suicidal
16. Whether Dangerous to others,	Gets excited & might become dangerous
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	not a Pauper unless watched
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 McConchie Father School House West Kilbride, Ayrshire none of the family have ever been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	No Special Circumstances.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 4th day of December One thousand eight hundred and Eighty eight.

(To be signed by the Party applying) Peter McConchie

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - - West Kilbride Ayrshire
2. Character of Education, - - - - Received a good Elementary Educ
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - - Disposition quiet & pleas a little reserved never
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - active mentally steady and industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - - never insane formerly
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - - - None so far as known
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? - - - - - Father & mother both alive Two brothers & one sister One brother always delicate brother died from Anemia The [illegible] (croup
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? - No disease or accident
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - - No cause except stoppage Catamenial discharge (
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - - Languor depression of spirit fancy of seeing people [illegible] crying without cause
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.? - Got thinner than usual (co great) Sleft more than u took a long time over her
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - - She is getting more & more con talks a great deal to herse seems to live in a world of
13. What changes have taken place in his bodily symptoms? - - - - - - - Has grown taller & thinner illness begun (menses have stop last June
14. Is he dirty, destructive, untidy, or obscene? - She has none of these habits
15. Has he threatened or attempted violence to himself? If so, in what way? - - - - No
16. Has he threatened or attempted violence to others? If so, in what way? - - - When excited has talked of with the Poker but when desisted has been taking do Bromide of Potassium to th Exc
17. How long has he been insane? - - - - Two months

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff.)

I, the undersigned,

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 Robertson
being a (1) Graduate in Medicine of Glasgow University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day at (3) 16 Newton
Terrace, Glasgow in the County of
Renfrew separately from any other Medical Practitioner,
visited and personally examined (4) Mary Jane McConchie
at the Schoolhouse, West Kilbride, Spinster, and that
the said Mary Jane McConchie is a (5) person of unsound mind
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 to herself quite incoherently; answers questions incoherently: and her conduct generally is that of an insane person. She is quite unable to care for herself

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Her mind has been unsettled for the last two months. Information from her parents.

Name and Medical Designation, Alex Robertson, M.D

Place of Abode, 16 Newton Terrace, Glasgow

DATED this 1st day of December, One thousand eight hundred and 88.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Robert Beedie Robertson
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) School-house,
West Kilbride in the County of
Ayr separately from any other Medical Practitioner,
visited and personally examined (4) Mary Jane McConchie re-
siding at the School-house West Kilbride, Spinster, and that
the said Mary Jane McConchie is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) That she mutters to herself, gazes in vacancy, frequently chuckling and smiling. While she answers questions in a hesitating manner and quite incoherently, and generally I should say she is an insane person. Her dress & appearance were untidy on the occasion when I visited her.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Her parents inform me that she has been in an unsettled state of mind, and very eccentric in her conduct, these two months.

Name and Medical Designation, R. Beedie Robertson, F.R.C.S.E.

Place of Abode, 6, Arrian Place, Ardrossan.

DATED this Fourth day of December, One thousand eight hundred and eighty-eight.

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 Substi
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Peter McC
Schoolmaster, West Kilbride, Ayrshire
Certificates under the hands of Alexander Robertson
and Robert Burie Robertson, being two Medical Perso
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care a
Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Luna
Asylums in Scotland," setting forth that they had separately visited and examined

(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 McConchie West Kilbride, Ayrshire (Peter's Daughter) and that she
Mary Jane McConchie, is a (5) person of un
sound mind
and a proper Person to be detained and taken care of DO HEREBY AUTHORIZE you
receive the said Mary Jane McConchie as a Patient into t
Crichton Royal Institution for the Insane at Dumfries, and I authorize her
Transmission to the said Asylum accordingly; and I transmit you herewith the s
Medical Certificates, and a Statement regarding the said Mary Jane Mc
which accompanied the said Petition.

DATED this Sixth day of December One thousand eig
hundred and eighty eight years.

David Boyle Hope

To the Medical Superintendent of the
Crichton Royal Institution, Dumfries.

No. 3363
Name Mary Jane McConchie
Date of Admission 8th Dec. 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) ~~County~~ of Dumfries & Galloway and his Substitute,—

The Petition of Andrew Wallace Inspector of Poor Govan Combination humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that 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 Campbell 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.

(To be signed by the Party applying) A. Wallace

(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 December One thousand eight hundred and Eighty Eight 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 Campbell
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,	Portugal Steel Model Glasgow
7. Place where Found and Examined,	Southern Police Office Glasgow
8. Length of time Insane,	Unknown
9. Whether First Attack,	No
10. Age (if known) on First Attack,	24 Years
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	In Govan Parochial Asylum from 11 Oct 1881 till 25 March 1882
12. Duration of Existing Attack,	Unknown
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Unknown
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Govan Combination
18. Date of becoming Chargeable,	8th December 1888
19. Christian Name and Surname, and Place of Abode of nearest known 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 Campbell Engine driver said to be living in School Square Cathcart Road 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 Eighth day of December One thousand eight hundred and Eighty Eight years

To be signed by the Party applying) A. 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, John Davis being a (1) MD Glasgow University & and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) The Southern Office Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) John Campbell, Southern Office Glasgow a Pauper and that the said John Campbell is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Is nervous & [illegible] talks in a very rambling incoherent man & is quite unfit to answer questions con[illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Was brought to the Office for creating a disturbance & breaking a glass door. Has been in [illegible] Asylum

Name and Medical Designation, John Davis MD

Place of Abode, 3 Royal Cres Cowpher

DATED this Eighth day of December One thousand eight hundred and Eighty Eight 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 V. Wallace being a (1) L.R.C.S.E and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) The Southern Police Office, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) John Campbell. Southern Police Office, Glasgow a pauper and that the said John 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 an insane manner and look. talks in a silly rambling incoherent manner. and cannot give any intelligent account of himself

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Was brought in by the Police this morning for breaking a glass door. and conducting himself in an outrageous and insane manner

Name and Medical Designation, John V. Wallace. L.R.

Place of Abode 47 Calder St. Govanhill

DATED this Eighth day of December One thousand eight hundred and Eighty-eight 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 V Wallace
being (1) L.R.C.S.E.
hereby certify, on soul and conscience, that I have this day, at (2) The Southern Police Office, Glasgow
in the County of Lanark, seen and personally examined John 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.

John V Wallace. L.R.C.S.E.

DATED this 8th day of December One thousand eight hundred and Eighty-eight 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) Andrew Wallace Inspector of Poor, Govan Combination, Glasgow, Certificates under the hands of John Barrie and John V. 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) John Campbell, Portugal Street Model Glasgow, (a pauper and that the said John Campbell is a (5) person of an unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Campbell 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 John Campbell, which accompanied the said Petition.

DATED this 10th day of December One thousand eight hundred and eighty eight years.

David Boyle Hope

To the Superintendent of the (7) Asylum of Public 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.

"(*The following should be filled up in every case in which a Certificate of Emergency is acted on.*)

"I hereby request the Superintendent of the Crichton Royal Institution Dum[illegible]
"Asylum to receive therein John Campbell
"to whom the foregoing Certificate of Emergency refers.

"*Relationship or other capacity in which Applicant stands to Patient,* Inspector of Poor

"*Signature and Address* Andw. Wallace

"*Date* 8th December 1888"

John Campbell
Govan
Admd 8 Dec: 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the~~ (2) Shire of Dumfries & Galloway *and his Substitutes,—*

The Petition of - Andrew Wallace Inspector of Poor, Govan Combination, Glasgow

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Martin Fallon Green 75 Great Wellington Street Glasgow 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 Martin Fallon Green 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.

(To be signed by the Party applying) Andw Wallace

(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 December One thousand eight hundred and eighty-eight

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Martin Fallon ~~Kelly~~ Green
2. Sex and Age,	male, 57 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Dealer
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	75 Great Wellington Street Glasgow
7. Place where Found and Examined,	75 Great Wellington Street Glasgow
8. Length of time Insane,	about three months
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	57 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	No.
12. Duration of Existing Attack,	about three months.
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	not known
16. Whether Dangerous to others,	yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Govan Combination
18. Date of becoming Chargeable,	8th December, 1888
19. Christian Name and Surname, and Place of Abode of nearest known 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 Mary Hunter Green, at 75 Great Wellington Street, Glasgow 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.

One written word delete.

DATED this eighth day of December — One thousand eight hundred and eighty-eight.

(To be signed by the Party applying) Andw 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, Robert Davis Taylor
being a (1) M.D. 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) 79 Great N.
St, Running Park in the County of
Renfrew separately from any other Medical Practitioner,
visited and personally examined (4) Martin Fallon Gunn, p
79 Gt Wellington St Running Park and that
the said Martin Fallon Gunn is a (5) person
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Delusive, Jumps people are noble
mans thurst in the stamp during the n
goes his way when he goes out & has
childrun on the street the way home.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His Wife states that he has been pecu
his manner for 12 months, has sev
delusions & is unsafe to remain at

Name and Medical Designation, Robert Davis Taylor

Place of Abode, 79 Great Place Paisley Ro

DATED this 7th day of Dec One thousand eight hundred and Eighty eight 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 Davis
being a (1) Doctor of Medicine of Saint Andrews
University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 11 75 Great
Wellington Street Running Park in the County of
Renfrew separately from any other Medical Practitioner,
visited and personally examined (4) Martin Fallon Gunn, pauper 11 75
Great Wellington Street, Running Park and that
the said Martin Fallon Gunn is a (5) Person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Delusive. States
that the people must soon an Steam and that
he cannot get peace for them and that they
are attempting to rob him. States he would
not be Safe walking on the street with them

(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 restless and
unmanageable and that she is afraid of him
Has been in this condition for about 3 months

Name and Medical Designation, James Davis M.D.

Place of Abode Govan

DATED this 8th day of December One thousand eight hundred and eighty eight 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 S. Barras
being (1) Doctor of Medicine of Saint Andrew's University
hereby certify, on soul and conscience, that I have this day, at (2) 75 Great Wellington St, Glasgow
in the County of Lanarkshire, seen and personally examined
Martin Fallon Green, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Barras M.D.

DATED this 8th day of December One thousand eight hundred and eighty eight 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) Andrew Wallace
Inspector of Poor, Govan Combination, Glasgow
Certificates under the hands of Robert Davie Taylor
and James Barras, , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Martin Fallon Green, 75 Great Wellington Street, Glasgow a pauper and that the said Martin Fallon Green is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Martin Fallon Green as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Martin Fallon Green, which accompanied the said Petition.

DATED this Tenth day of December One thousand eight hundred and eighty eight 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.

"(*The following should be filled up in every case in which a Certificate of Emergency is acted on.*)

"I hereby request the Superintendent of the Crichton Royal Institution
"Asylum to receive therein Martin Fallon Green
"to whom the foregoing Certificate of Emergency refers.

"*Relationship or other capacity in which Applicant stands to Patient,* Inspector of Poor.

"*Signature and Address* And.r Wallace

"*Date* 8 December, 1888.

Martin Fallon Green
Admd 8 Dec.r 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Lanark, ~~of Dumfries,~~ and his Substitutes—

The Petition of Archibald Dempster, Inspector of Poor, City Parish Glasgow, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Weir or Thomson, Pauper from Glasgow Royal Infirmary, ~~Petitioner's~~ chargeable to said 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 Janet Weir or Thomson to the Crichton Royal Institution, Dumfries, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) A Dempster

(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 December One thousand eight hundred and 88.

STATEMENT.

If any 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 Weir or Thomson,
2. Sex and Age,	Female. 38 years,
3. Married, Single, or Widowed,	Married (Deserted)
4. Condition of Life, and previous Occupation (if any),	House wife.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	From Royal Infirmary, Glasgow
7. Place where Found and Examined,	Royal Infirmary & City Parochial Asylum, Glasgow.
8. Length of time Insane,	A few days
9. Whether First Attack,	Yes so far as known
10. Age (if known) on First Attack,	38 years,
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Not previously so far as known,
12. Duration of Existing Attack,	A few days
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No so far as known,
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish Glasgow
18. Date of becoming Chargeable,	10th December 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Matthew Thomson, a miner, about Blantyre.
20. Special circumstances (if any) preventing the 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 December One thousand eight hundred and 88.

To be signed by the Party applying) A Dempster P. P.

Inspector of Poor, City Parish 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, W. Macknight Wilson
being a (1) Graduate in Medicine of Glasgow University
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) The Royal Infirmary, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Janet Weir or Thomson, Pauper, presently a patient in Ward 4. of Glasgow Royal Infirmary and that the said Janet Weir or Thomson, 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 is constantly repeating texts of Scripture, and shouting aloud: gesticulating wildly with her hands: incoherence of answers obtains.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Information from Nurse Hume, Ward 4. Glasgow Royal Infirmary

She does not know what is going on around her: she requires to be watched and kept in bed: has to be made to take food: Keeps singing and sh

Name and Medical Designation, W. Macknight Wilson Med: Off.

Place of Abode, 30 Grafton Square. Glasgow.

DATED this 8th day of December One thousand eight hundred and 88.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) the City Parochial Asylum, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Janet Weir or Thomson Pauper, late of Glasgow Royal Infirmary and that the said Janet Weir or 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) She occasionally gets into a State of wild excitement, screaming at the top of her voice; imagines she has been poisoned. etc

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

She has been much excited on admission. Information from Attendant in Asylum

Name and Medical Designation, Alex Robertson

Place of Abode 16 Newton Terrace, Gla

DATED this 10 day of December One thousand eight hundred and 88

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and 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 McKie Lees (1) Sheriff Substitute
of the (2) County of Lanark
having had produced to me, with a Petition at the instance of (3) Archibald Dempster, Inspector of Poor, City Parish, Glasgow
Certificates under the hands of W. MacKnight Wilson
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) Janet Weir or Thomson Glasgow Royal Infirmary a Pauper and that the said Janet Weir or Thomson 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 Janet Weir or Thomson as a Patient into the (6) Crichton Royal ~~Asylum~~ of Institution 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 Janet Weir or Thomson which accompanied the said Petition.

DATED this 10th day of December One thousand eight hundred and eighty eight

J McLees

To the Superintendent of the (7) Crichton Royal Institution
Asylum of Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

Janet Weir or Thomson

City P. Glasgow

Admn 10 Decr 1888.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ——— *of the* (2) ——— *of* Dumfries & Galloway *and his Substitutes,*—

The Petition of James Lockhart, Farmer, Mains of Aries, Kirkcolm,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Jane Todd or Lockhart, ———

(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 Jane Todd or Lockhart, ——— to the Crichton Royal Institution, and to sanction her admission into the said Asylum.

(To be signed by the Party applying) James Lockhart

(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 eight.—

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jane Todd or Lockhart.
2. Sex and Age,	Female, 41 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.
6. Previous Place of Abode,	Mains of Aries - Kirkcolm.
7. Place where Found and Examined,	Mains of Aries, & Crichton Royal Institution,
8. Length of time Insane,	One week.
9. Whether First Attack,	Yes,
10. Age (if known) on First Attack,	41 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	———
12. Duration of Existing Attack,	One week.
13. Supposed Cause,	Uterine Disease.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Is violent, but not homicidal
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 Todd, Linwald Shaw, 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 twelfth day of December, One thousand eight hundred and eighty eight.—

To be signed by the Party applying) James Lockhart

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Thomas Easton, being a (1) Doctor of Medicine Edin. Univ and being in actual practice as a (2) Physician, do hereby certify, on soul and conscience, that I have this day, at (3) Mains of Kirkcolm, in the County of Wigtown, separately from any other Medical Practitioner, visited and personally examined (4) Jeanie Lockhart, and that the said Jeanie Lockhart, is a (5) person of unsound mind, and a proper Person to be detained under Care and Treatment, 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 many delusions talks & screams incessantly.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
She cannot be controlled by her husband or relations & is outrageous

Name and Medical Designation, Thomas Easton

Place of Abode, Stranraer

DATED this tenth day of December One thousand eight hundred and Eighty eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 in medicine of Edinburgh Univ and being in actual practice as a (2) Physician and Surgeon, do hereby certify, on soul and conscience, that I have this day, at (3) Crichton R. Institution, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jane Todd or Lockhart Mains of Ann, Kirkcolm, and that the said Jane Todd or Lockhart, is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, 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 incessantly talking and laughing, has delusions such as, she thinks she suffers like our saviour says she has a thousand things to speak but cannot get time to tell them all.

(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 eleventh day of Dec.r One thousand eight hundred and eighty eight years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Mrs Jane Todd or Lockhart to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Husband —

Signature and Address, James Lockhart Mains of Ainis Strathaven

Date, 10th December 1888

person is of unsound mind, and 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 Easton M.D.

DATED this tenth day of December, One thousand eight hundred and eighty eight.

(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, 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 Lockhart, Farmer, Mains of Ainis, Kirkcolm, Stranraer, Certificates under the hands of Thomas Easton, 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 Jane Todd or Lockhart Petitioners Wife and that the said Jane Todd or Lockhart, is a (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 Todd or Lockhart as a Patient into the (6) Public Asylum of Crichton Royal Institution, and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Jane Todd or Lockhart, which accompanied the said Petition.

DATED this Twelfth day of December, One thousand eight hundred and eighty eight years.

David Boyle Hope

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.

Date Name

under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(4) State the facts.

1. Facts indicating Insanity observed by myself: (4)

She has many delusions talks & screams incessantly.

(7) State the information, and from whom derived.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

She cannot be controlled by her husband or relations & is outrageous

Name and Medical Designation, Thomas Easton

Place of Abode, Stranraer

DATED this tenth day of December One thousand eight hundred and Eighty eight.

MEDICAL CERTIFICATE, No. II.

(1) Set forth the qualification entitling the person certifying to grant the certificate; e. g., Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) Insert the street and number of the house (if any), or other like particulars.

(4) Insert Designation and Residence, 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 in Medicine of Edinburgh Univ and being in actual practice as a (2) Physician and Surgeon, do hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jane Todd or Lockhart Inmate of Asylum, Kirkcolm, and that the said Jane Todd or Lockhart, is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(4) State the facts.

1. Facts indicating Insanity observed by myself: (4) Is constantly talking and laughing, has delusions as, she thinks she suffers like our saviour says she has a thousand things to speak but cannot get time to tell them all.

(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 eleventh day of Dec- One thousand eight hundred and eighty eight 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 Easton, being (1) a Doctor of medicine of Edin University, hereby certify, on soul and conscience, that I have this day, at (2) Mains of auri - Kirkcolm in the County of Wigtown, seen and personally examined Jeanie Lockhart, and that the said person is of unsound mind, and 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 Easton M.D.

DATED this tenth day of December, One thousand eight hundred and eighty eight.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff-Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) James Lockhart, Farmer, Mains of Grius, Kirkcolm, Stranraer, Certificates under the hands of Thomas Easton, 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 Jane Todd or Lockhart Petitioners Wife and that the said Jane Todd or Lockhart, is a (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 Todd or Lockhart as a Patient into the (6) Public Asylum of Crichton Royal Institution, and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Jane Todd or Lockhart, which accompanied the said Petition.

DATED this Twelfth day of December, One thousand eight hundred and eighty eight 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.

N° 5369

Jane Todd or Lockhart

Annd 10th Decr 1888_

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the (2)~~ Dumfries & Galloway, *and his Substitutes*—

The Petition of Joseph McCandlish, 6 Hill St, Creetown, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that — Robert McCandlish 6 Hill St Creetown, 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 McCandlish, — 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.

(*To be signed by the Party applying*) Joseph McCandlish

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eleventh ~~[illegible]~~ day of December, — One thousand eight hundred and eighty eight 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 ~~[illegible]~~ McCandlish.
2. Sex and Age,	Male 48 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Blacksmith.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	always Creetown.
7. Place where Found and Examined,	Creetown
8. Length of time Insane,	about 2 years
9. Whether First Attack,	Second attack
10. Age (if known) on First Attack,	about 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*],	Crichton Institution in 1877.
12. Duration of Existing Attack,	about 2 years.
13. Supposed Cause,	unknown.
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	unknown.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Joseph McCandlish 6 Hill Street, Creetown. (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 Eleventh ~~[illegible]~~ day of December — One thousand eight hundred and eighty eight years

J. McC.

(*To be signed by the Party applying*) Joseph McCandlish

P. T.

Jane Todd or Lockhart

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Donald Mackeith being a (1) Bachelor of Medicine of Glasgow University & Licentiate of Royal College of Surgeons Edinburgh and being in actual practice as a (2) Surgeon & Physician do hereby certify, on soul and conscience, that I have this day, at (3) Smithy, Hill Creetown in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Robert McCandlish, ~~Pauper~~ 6 Hill Street Creetown and that the said Robert McCandlish 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)

1st Will not work, Wanders from home & forgets what is; excitable conduct, dancing in open air & sulkiness coal that finds great faults with action of his brother & other friends

(7) *State the information, and from whom derived.*

Mrs McMichael
W. Sloan
J. M. McCandlish.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Followed a boy named James McGarva with an open mind dancing, preaching, praying & sweating on his father's grave (W. Sloan) Violence to his mother & brother (J. M. McCandlish)

Name and Medical Designation, William D. McMackeith, Surgeon

Place of Abode, Creetown

DATED this Eleventh day of December One thousand eight hundred and eighty eight

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Gibbons Dickson being a (1) Doctor of Medicine, University of Glasgow and being in actual practice as a (2) Doctor of Medicine do hereby certify, on soul and conscience, that I have this day, at (3) The Smithy 6 Hill Street, Creetown in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Robert McCandlish, ~~Pauper~~ 6 Hill Street, Creetown and that the said Robert McCandlish, is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

ordinary manner quite changed: unsettled irritable: suspicious of those around him under the influence of delusions.

(7) *State the information, and from whom derived.*

Brother and Sister

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Wandering habits - once on the hills all night not work steadily: passionate if his every whim yielded to: strikes without provocation: dances, the concertina and reads aloud in the most unconcerned manner: suspects and accuses his friends of an intention him in all things

Name and Medical Designation, James G. Dickson M.

Place of Abode Woodlee. Newton Stewart

DATED this eleventh day of December One thousand eight hundred and eighty eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Donald Mackeith, being (1) Bachelor of medicine Glasgow University & Licentiate of Royal Ct. Physicians hereby certify, on soul and conscience, that I have this day, at (2) 16 Smithy, 6 Hill Street, Creetown in the County of Kirkcudbright, seen and personally examined Robert McCandlish 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.

William D. Mackeith M.B. L.R.C.S.L. L.M. Ed.

DATED this eleventh day of December One thousand eight hundred and eighty eight

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (3) Sheriff-Substitute of the (4) County of Dumfries, having had produced to me, with a Petition at the instance of (5) Joseph McCandlish, 6 Hill St. Creetown Certificates under the hands of William Donald Mackeith and James Gibbons Dickson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Robert McCandlish, 6 Hill Street, Creetown (Pet.rs Brother), and that the said Robert McCandlish, 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 Robert McCandlish, as a Patient into the (8) 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 Robert McCandlish, which accompanied the said Petition.

DATED this Twelfth day of December, One thousand eight hundred and eighty eight years.

David Boyle Hope

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.

I hereby request the Superintendent of the Southern Counties Asylum to receive the Robert Candlish to whom the forego Certificate of Emergency refers

Joseph McCandlish

12th December 1888
6 Hill St Creetown

No 5370
Robert McCandlish
Admd 12th Dec. 1888.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Shire~~ of Dumfries & Gall and his Substitutes.

The Petition of Archibald Dempster, Inspector of Poor, City Parish of Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Moses Neilson, Pauper residing at 511. Gallowgate, Glasgow, - presently chargeable to said parish

(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 Moses Neilson, Pauper, — to the Crichton Royal Institution, Dumfries, and to sanction his admission into the said Asylum.

(To be signed by the Party applying) A Dempster

(4) The date of the Petition must be within a fourteen clear days following the dates of the Medical Certificates.

DATED this 12th (4) day of December, One thousand eight hundred and 88.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Moses Neilson.
2. Sex and Age,	Male. 73 years.
3. Married, Single, or Widowed,	Widower.
4. Condition of Life, and previous Occupation (if any),	Print Cutter.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	511 Gallowgate Glasgow.
7. Place where Found and Examined,	City Parochial Asylum & 38 Parliamentary Road (Glasgow
8. Length of time Insane,	2 years.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	71 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	1888. Inverness Parochial Asylum.
12. Duration of Existing Attack,	2 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,	City Parish Glasgow.
18. Date of becoming Chargeable,	11th December 1888.
19. Christian Name and Surname, and Place of Abode of nearest known 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, Moses Neilson, resides at 511. Gallowgate, Glasgow.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 11th day of December One thousand eight hundred and 88.

(To be signed by the Party applying) A Dempster

Inspector of Poor, City Parish Glasgow

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 Robertson —
being a (1) Graduate in Medicine of [illegible]
and being in actual practice as a (2) Physician —
do hereby certify, on soul and conscience, that I have this day, at (3) 511
Pagoda Chambers, Glasgow in the County of
Lanark — separately from any other Medical Practitioner,
visited and personally examined (4) Moses Neilson / aged
late of 511 Gallowgate St, Glasgow / and that
the said Moses Neilson — 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 imagines he has two sons grown: that he sits beside Queen Victoria: that his wife gave birth to a child 3 feet 8 inches in height

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He has been often in asylums
Information from officials —

Name and Medical Designation, Alex Robertson
Place of Abode, 16 Newton Terrace, Gl
DATED this 11 day of December One thousand eight hundred and 88

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 —
being a (1) Graduate in Med of Glasg 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) Moses Neilson, Pauper
late of 511 Gallowgate St Glasgow — and that
the said Moses Neilson, 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 in a rambling incoherent manner; gets £100 a
from Queen Victoria who is staying at Willi
at Glenfield; is quite incapable of taking Co
himself

(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, Geo Buchan M.D.
Place of Abode House Lowis Hospital
DATED this 11th day of Dec One thousand eight hundred and 88

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Geo Buchan M.D. being (1) a Graduate in Med of Glasg Univers hereby certify, on soul and conscience, that I have this day, at (2) 318 Parliamentary Rd in the County of Lanark, seen and personally examined Moses Nelson Pauper, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum. Glasgow

And I further certify that the case of the said person is one of Emergency.

Geo Buchan M.D.

DATED this 11th day of Dect - One thousand eight hundred and 88

(1) 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) Archibald Dempster, Inspector of Poor, City Parish, Glasgow, Certificates under the hands of Alexander Robertson and Geo. Buchan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Moses Nelson, 511 Gallowgate, Glasgow, a pauper and that the said Moses Neilson 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 Moses Neilson 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 Moses Neilson which accompanied the said Petition.

DATED this Thirteenth day of December, One thousand eight hundred and eighty eight year.

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.

I hereby request the superintendent of
Crichton Royal Institution to receive there
Moses Neilson to whom the foregoing
Certificate of Emergency refers.

A Dempster
Inspector of Poor, City Parish Gl

Glasgow 12th December 1888

No 5371
Moses Neilson
City P. Glasgow
Admd 12 Decr 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the~~ (2) Dumfries ~~of~~ & Galloway *and his Substitutes,*—

The Petition of John Maxwell, Inst of Poor Troqueer, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Borthwick, or McGeorge, 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 Borthwick or McGeorge, to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) John Maxwell

(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 December. One thousand eight hundred and eighty eight 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 Borthwick or McGeorge.
2. Sex and Age,	Female, aged about 49 years.
3. Married, Single, or Widowed,	Widowed.
4. Condition of Life, and previous Occupation (if any),	Office Keeper, previously Labourers wife.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Messrs Walker & Sharpes Office
7. Place where Found and Examined,	33 Galloway Street, Maxwelltown
8. Length of time Insane,	about 3 Months.
9. Whether First Attack,	First attack.
0. Age (if known) on First Attack,	about 49 years
1. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	never under examination or Treatment before.
2. Duration of Existing Attack,	about 3 months
3. Supposed Cause,	none 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,	Troqueer in the first instance. Tynron supposed to be her Parish.
8. Date of becoming Chargeable,	13th December 1888.
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,	Archibald Borthwick, Shepherd (Brother) 26 King St. Maxwelltown
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 December One thousand eight hundred and eighty eight years.

(*To be signed by the Party applying*) John Maxwell
Inst of Poor
Troqueer.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Cunningham
being a (1) Licentiate of the Royal College of Physicians & Surgeons Edinburgh and
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 Gallow
Gate, Maxwelltown in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Borthwick or
McGeorge Pauper and that
the said Margaret Borthwick or McGeorge is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, 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 the appea
of an insane person, She is talking - wringing
& weeping moaning by turns & fancies that
is something dreadful going to happen to 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, John Cunningham M.D.

Place of Abode, Dumfries

DATED this Thirtieth day of December One thousand eight hundred and fifty eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Patrick M. Murray
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 33 Gallow
Gate Maxwelltown in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Bathwick or Mc
Pauper and that
the said Margaret Bathwick or McGeorge is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Lifted her dre
and pressed me that I would
write her said sheriff indebted
me and insisted I depart

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The woman who lives under her t
me that she threatened both

Name and Medical Designation, P. M. Murray M.D.

Place of Abode Castle St Dumfries

DATED this 13th day of Decem One thousand eight hundred and 58

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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, Troqueer,
Certificates under the hands of John Cunningham,
and Patrick Maxwell Murray, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Borthwick or McGeorge 33 Galloway Street Maxwelltown and that the said Margaret Borthwick or McGeorge, is a (5) person of an unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Borthwick or McGeorge 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 Borthwick or McGeorge which accompanied the said Petition.

DATED this Thirteenth day of December, One thousand eight hundred and eighty eight 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 5372

Margt Borthwick or McGeorge
Iroqueer
Admd 13 Decr 1888.

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway, at Dumfries;

——— *and his Substitutes,*—

(3) Insert Name and Designation.

The Petition of (3) ~~J. Macdonald C. C.~~ The Reverend John Macdonald, Roman Catholic Clergyman, Dunoon;—

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Mary Josephine Macdonald,

(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 Mary Josephine Macdonald — to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

John Macdonald

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this ~~12~~ 13th — (5) day of December, One thousand eight hundred and 88 J. McD.

STATEMENT.

If any 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 Josephine Macdonald.
2. Sex and age,	female-35.
3. Married, Single, or Widowed,	Single.
4. Condition of Life and previous Occupation (if any),	Lady-Housekeeper
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous place of abode,	Fort-William (Lochaber)
7. Place where found and examined,	Dunoon.
8. Length of time Insane,	Fortnight.
9. Whether First Attack,	First
0. Age (if known) on First Attack,	—
1. When and where previously under Examination and treatment,	—
2. Duration of Existing Attack,	Fortnight
3. Supposed Cause,	Rheumatic fever
4. Whether subject to Epilepsy,	No
5. Whether Suicidal,	Not known.
6. Whether Dangerous to others,	No.
7. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
8. Date of becoming Chargeable,	—
9. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Macdonald. brother (above designed) never known.
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 ~~twelfth~~ thirteenth day of December, One thousand eight hundred and eighty eight

J. McD. (To be signed by the Party applying). John Macdonald

Mary Borthwick or McGeorge

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Inverroy. Lochaber,
2. Character of Education,	Good.
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful & Frank.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady & Industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Never.
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	Never any known to ag[illegible]
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	Father - old age; - Mother - Insa[illegible] Brothers (2) - Hydrocephalus (1) & [illegible] known. - None.
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Yes Rheumatic fever.
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 - Fear of death future state.
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	Complained of pain in [illegible] of heart. - Sleeplessness.
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Symptoms increased & are [illegible] pronounced - Instead of being [illegible] restless is now taciturn & [illegible]
13. What changes have taken place in his bodily symptoms?	None
14. Is he dirty, destructive, untidy, or obscene?	Neither
15. Has he threatened or attempted violence to himself? If so, in what way?	Has only threatened to drown [illegible]
16. Has he threatened or attempted violence to others? If so, in what way?	No
17. How long has he been insane?	Fortnight

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Ritchie being (1) a Graduate in Medicine of the University of Glas[illegible] hereby certify, on soul and conscience, that I have this day, at (2) Dunoon in the County of Argyle, seen and personally examined Mary Josephine Macdonald, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Jno. Ritchie.

DATED this twelfth day of December One thousand eight hundred and eighty eight.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE—No. I.

I, the undersigned, being a (1) Grad. of 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) Princes Street, Greenock in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Mary Josephine Mac- donald, Spinster, residing at Chapelhouse, Dumoon, and that the said Mary Josephine Macdonald is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Mary Josephine MacDonald to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Brother

Signature and Address, Rev. J. Macdonald Chapel House, Dumoon

Date, 12th December 1888

DATED this [illegible] day of [illegible] One thousand eight hundred and eighty-eight.

MEDICAL CERTIFICATE—No. II.

I, the undersigned, John Ritchie being a (1) Graduate in Medicine of the University of Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Chapel House Alfred House, Dumoon in the County of Argyle separately from any other Medical Practitioner, visited and personally examined (4) Mary Josephine Macdonald Chapelhouse, Dumoon, and that the said Mary J. Macdonald, 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) Rambling talk specially regarding her future state & impending death threatenings. Has become violent refuses to take food & medicines. Says I am like her Doctor but knows I am not him. &c.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her brother says she attributes any ill she the devil & that he & the house smells of the devil. He also says she threatened to drown herself. Her nurses says that at night she fancies she speaks to strangers & is very much excited in her bedroom.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, John Ritchie M.B. C.M.

Place of Abode, Braesonfield Dumoon

DATED this twelfth day of December, One thousand eight hundred and eighty eight.

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Inverroy. Lochaber,
2. Character of Education,	Good.
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful & Frank.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady & Industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Never.
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	Never any known of [illegible]
[redacted]	
[redacted]	
[redacted]

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, James Wallace, being a (1) Grad. in Med. of the Univ. of Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day at (3) Princes Pier Station, Greenock in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Mary Josephine Macdonald, Spinster, residing at Chapelhouse, Dunoon and that the said Mary Josephine Macdonald is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) Went speak or do as requested. Is constantly restless & following with her eyes & hands imaginary objects. Has an anxious despairing look &c.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her brother says she has been in the above state for about 14 days.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, James Wallace, M.D.

Place of Abode, Greenock

DATED this thirteenth day of Dec. One thousand eight hundred and eighty-eight.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, John Ritchie being a (1) Graduate in Medicine of the University of Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Chapel House Alfred House, Dunoon in the County of Argyle separately from any other Medical Practitioner, visited and personally examined (4) Mary Josephine Macdonald Chapel House Dunoon, and that the said Mary J. Macdonald, 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) Rambling talk specially regarding her future state & impending death threatening her. Has become taciturn & refuses to take food & medicines. Says I am like her Doctor but knows I am not him &c.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her brother says she attimes says he is the devil & that he & the house smells of the devil. He also says she threatened to drown herself. Her nurses says that at night she points at & speaks of strangers personages moving out in her room.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, John Ritchie M.B., C.M.

Place of Abode, Beaconsfield Dunoon

DATED this twelfth day of December, One thousand eight hundred and eighty eight.

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 Substitu
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) The Revd. John Ma
donald, Roman Catholic Clergyman Dunoon.
Certificates under the hands of James Wallace,
and John Ritchie, 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) Ma
Josephine Macdonald, Chapel House, Dunoon (Petn. Sister) and that the sa
Mary Josephine Macdonald 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
receive the said Mary Josephine Macdonald 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 Mary Josephine Ma
which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.

DATED this Fourteenth day of December, One thousand eig
hundred and eighty eight years.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Mary Josephine Macdonald

Date of Admission, 13th Decr. 1888

[Form A]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway, ——

—— *and his Substitutes,*—

The Petition of Robert Porter. Agent of Bank of Ireland, at Castlebar, ——

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Margaret Porter McBride, ——

your Petitioner's (1) 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 Margaret Porter McBride, —— to the Crichton Royal Institution at Dumfries, and to sanction her admission into the said Institution.

(1) State Degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

R Porter

(To be signed by the Party applying).....

Dated this Fourteenth (2) day of December One thousand eight hundred and eighty eight years.

(2) The date of the Petition must be within fourteen days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1.	Christian Name and Surname of Patient at length,	Margaret Porter- McBride
2.	Sex and age,	F. 21 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,	Presbyterian
6.	Previous place of abode,	Warrenpoint
7.	Place where found and examined,	Dumfries
8.	Length of time Insane,	3 weeks
9.	Whether First Attack,	Yes
10.	Age (if known) on First Attack,	—
11.	When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	—
12.	Duration of Existing Attack,	3 weeks
13.	Supposed Cause,	Melancholy from date of illness 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,	—
18.	Date of becoming Chargeable,	—
19.	Christian Name and Surname, and place of Abode of nearest known 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 Eliz McBride 6 Seaview Terrace Warrenpoint.
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 Fourteenth day of December One thousand eight hundred and eighty eight years.

R Porter

(To be signed by the Party applying).....

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Richard B. Lorraine
being a (1) Graduate in Medicine of Edinburgh University
and being in actual practice as a (2) Medical practitioner
do hereby certify, on Soul and Conscience, that I have this day, at (3) Railway Cottage
Dumfries
in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Porter McBride, of
Seaview Terrace Warren Point County Down and that
the said Margaret Porter McBride is a (5) person
of unsound mind and a proper Person to be detained
under Care and Treatment, 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 very melan
Does not answer questions readily, se
does not sleep has the delusion that
has done something wrong to some

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs
Mr Porter says she is very dull and melancholy
very little that she has delusions that she
done may people saying—

Name and Medical Designation, Richard B. Lorraine

Place of Abode, 16 Castle St Dumfries

DATED this thirteenth day of December One thousand eight hundred and eighty eight years

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Fred. Hugh Clarke
being a (1) Graduate in Medicine of Glasgow University
and being in actual practice as a (2) General practitioner
do hereby certify, on Soul and Conscience, that I have this day, at (3) The Crichton
Royal Institution, Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Porter McBride
Warren Point Co. Down Ireland, and that
the said Margaret Porter McBride is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, 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
stupid expression. Gives no replies to questions
addressed to her. Says she does not remember
her home is, or where she travelled from

(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, Frederick Hugh Clarke

Place of Abode, 29 Castle St Dumfries

DATED this fourteenth day of December One thousand eight hundred and eighty-eight

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) Graduate in Medicine of Edinburgh University / State medical qualification.
hereby certify, on Soal and Conscience, that I have this day, at (2) Railway Station Dumfries / State place of examination.
in the County of Dumfries, seen and personally examined Margaret Porter Mc Bride of 6 Seaview Terrace Warrenpoint Co Down and that the said Person is of unsound mind, and 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 MB CM

DATED this thirteenth day of December One thousand eight hundred and eighty eight years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Margaret. Porter Mc Bride.
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, A Porter Uncle

Signature and Address, A Porter Crichton

Date, 13th December 1888.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, Sheriff-Substitute of the County of Dumfries
having had produced to me, with a Petition at the instance of (1) Robert Porter agent of Bank of Ireland at Castlebar (Petitioner's Uncle)
Certificates under the hands of Richard B. Lorraine
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 (2) Margaret Porter McBride. 6 Seaview Terrace, Warrenpoint County Down (Petitioner's Niece)
and that the said Margaret Porter McBride, is a (3) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Porter McBride as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Porter McBride which accompanied the said Petition.

(1) Insert Name and Designation.

(2) Describe him, and if a Pauper, state so. (Petitioner's Niece)

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Fourteenth day of December, One thousand eight hundred and eighty eight years.

David Boyle Hope

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 5374

Name, Marg.t Porter-Mc Bride

Date of Admission, 13 Dec.r 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict.*, *Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries & Galloway and his Substitutes,—

The Petition of John Saddler of Graystone Rigg or Rucknowe Cottage in the parish of Johnstone in the county of Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Rachael Saddler Graystone Rigg Dumfries shire.

(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 Rachael Saddler to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(To be signed by the Party applying) John Saddler +

(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 December One thousand eight hundred and eighty eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Rachael Saddler
2. Sex and Age,	Female aged 42
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,	Steward- Lee, Aye
7. Place where Found and Examined,	Graystone rigg cottage, Johnstone Dumfriesshire
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 [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	—
12. Duration of Existing Attack,	Two months.
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	Slight tendency
16. Whether Dangerous to others,	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,	~~Robt~~ John Saddler, father, Parish Graystone rigg cottage By Johnstone ~~Johnstone~~ By 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 thirteenth day of December One thousand eight hundred and eighty eight.

(To be signed by the Party applying) John Saddler +

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 do hereby certify, on soul and conscience, that I have this day, at (3) Graystone Cottage in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Rachael Saddler Graystone Cottage, Johnstone, Dumfriesshire and that the said Rachael Saddler is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Morose — told me that she was afraid of being hung on the fallow hill. Has delusions that if she is not killed the whole county must die. Believe that she has undergone judgement.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

That she fancied a carriage came for her in the night. Sits with the bible on her knee & says that she has been told to burn it (By Mrs. Saddler Graystone

Name and Medical Designation, Wm. D'Oyly Grange

Place of Abode, Mansfield House Mo

DATED this Twelfth day of December One thousand eight hundred and eighty eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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) Doctor of Medicine University of Edinburgh & a Licentiate of the Royal College of Surgeons Ed and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Graystone Cottage. Parish of Johnstone in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Rachel Saddler. Graystone Rigg Cottage. Parish of Johnstone. Dumfries and that the said Rachel Saddler is a (5) Person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Supposes she has done something dreadful that she cannot be forgiven — that for this she is going to be hanged or every one will perish

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

The above facts — also constantly wanting to sit & read the Bible — wanting to get out in the middle of the night to go to the carriage to escape judgement &c &c

Name and Medical Designation, James Munro. M.D.

Place of Abode Vicarlands. Moffat

DATED this Thirteenth day of December One thousand eight hundred and eighty eight

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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) Greystone Rigg Cottage
in the County of Dumfries, seen and personally examined
Rachel Saddler, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

James Munro. M.D. L.R.C.S. Edin.

Dated this 13th day of Decr One thousand eight hundred and eighty eight

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Southern Counties Asylum
Asylum to receive therein Rachel Saddler
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Father

Signature and Address John Saddler Greystone Rigg Cottage

Date 13th Decr. 1888

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 Saddler, Greystone Rigg or Rockknowe Cottage, Johnstone, Dumfriesshire,
Certificates under the hands of William Doyle 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) Rachael Saddler Greystone Rigg, Dumfriesshire and that the said
Rachael Saddler is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Rachael Saddler as a Patient into the (6) Public Asylum of Southern Counties and I authorize you to grant Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Rachael Saddler which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

Dated this Fifteenth day of December, One thousand eight hundred and eighty eight years

David Boyle Hope

To the Superintendent of the Asylum of (7) Public Southern Counties Dumfries

(7) Public, District, Parochial, or Private.

Rachael Saddler
Admd. 14th Decr. 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Lanark and his Substitutes.—

The Petition of Archibald Dempster, Inspector of Poor, City Parish Glasgow,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Donald Martin, Pauper, residing at 31 Scotia Street, Glasgow, - presently chargeable to said 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 Donald Martin, Pauper, - to the Crichton Royal Institution, Dumfries, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) A Dempster

(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 December One thousand eight hundred and 88.

STATEMENT.

If any 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 Martin.
2. Sex and Age,	Male, 34 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Grocer.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	31 Scotia Street Glasgow.
7. Place where Found and Examined,	31 Scotia Street Glasgow.
8. Length of time Insane,	A few days.
9. Whether First Attack,	no.
10. Age (if known) on First Attack,	29 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	1883. In Inverness Asylum.
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,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish Glasgow.
18. Date of becoming Chargeable,	11th December 1888.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	His mother Mrs Martin, resides at 31 Scotia Street Glasgow.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 11th day of December One thousand eight hundred and 88.

To be signed by the Party applying) A Dempster P. p.

Inspector of Poor, City Parish, Glasgow

Rachael Saddler admd 14th Dec 1888

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Orr being a (1) Graduate in medicine of Glasgow Univ. & a Licentiate of the College of Surgeons, Edinb. and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 31 Scotia St. Glasgow Lanark in the County of separately from any other Medical Practitioner, visited and personally examined (4) Donald Martin, a Pauper of 31 Scotia Street, Glasgow and that the said Donald Martin is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His manner is strange & confused. Cannot give a satisfactory account of himself. Has strange delusions about God & his Friends. Is unfit to take care of 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 he is subject to paroxysms of passion during which he believes himself the Almighty and that he has been [illegible] in a Lunatic asylum before

Name and Medical Designation, Robert Orr M.D. [illegible]

Place of Abode, 330 St. George's Rd., Glasgow

DATED this 11th day of December One thousand eight hundred and 88.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Univ. and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 31 Scotia St. Glasgow Lanark in the County of separately from any other Medical Practitioner, visited and personally examined (4) Donald Martin, Grocer, of Scotia St. Glasgow, Pauper and that the said Donald Martin 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 imagines that God speaks to him daily by audible voice. His mind generally is very slow, and confused. He is unable to care for himself.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He has shown very dangerous tendencies within the last three months. His mind has been wrong for several years — Information from brother

Name and Medical Designation, Alex Robertson

Place of Abode 16, Newton Terrace, Glasgow

DATED this 12 day of December One thousand eight hundred and 88

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, being (1) Graduate in Medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) 61 Scotia St. Glasgow in the County of Lanark, seen and personally examined Donald Martin, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Robert Orr M.D. Surgeon

DATED this 14th day of December One thousand eight hundred and 88

(1) 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 (3) Sheriff Substitute of the (4) County of Lanark having had produced to me, with a Petition at the instance of (5) Archibald Dempster Inspector of Poor &c Parish Glasgow Certificates under the hands of Robert Orr 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 respectively visited and examined (6) Pauper Donald Martin 31 Scotia St Glasgow and that the said Donald Martin 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 Donald Martin as a Patient into the Crichton Royal Institutional 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 Donald Martin which accompanied the said Petition.

DATED this 14th day of December One thousand eight hundred and eighty eight

D D Balfour

To the Superintendent of the ~~Asylum at~~ Crichton Royal Institution 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 Infirm Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Donald Martin
City P. Glasgow
Admd 14 Decr 1888

[Form A]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway

and his Substitutes,—

The Petition of William Barkus, Hars, Lockerbie, Dairyman

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Annie Barkus, your Petitioner's (1) daughter is at present in a state of Mental Derangement, and a proper Person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Annie Barkus to the Crichton Royal Institution at Dumfries, and to sanction her admission into the said Institution.

(1) State Degree of Relationship, or other capacity in which Petitioner stands towards Lunatic.

(To be signed by the Party applying) William Barkus

(2) The date of the Petition must be within fourteen days following the date of the Medical Certificates.

DATED this fourteenth (2) day of December, One thousand eight hundred and eighty eight.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Annie Barkus.
2. Sex and age,	Female. 27.
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,	Bars, Lockerbie.
7. Place where found and examined,	Bars, Lockerbie.
8. Length of time Insane,	Nine 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,	Nine months
12. Duration of Existing Attack,	Religious excitement
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	Has shown no indication.
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 Barkus. Bars, Lockerbie. (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 Fourteenth day of December, One thousand eight hundred and eighty eight years.

(To be signed by the Party applying) William Barkus

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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
University of Glasgow
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on Soul and Conscience, that I have this day, at (3) Hass,
Lockerbie
Dumfries
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Annie Harkness, tenant
Hass Lockerbie
and that
the said Annie Harkness is a (5) person of
unsound mind
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She seems puzzled
bewildered & believes that she has done some
wickedness. I doubtful whether the house she
is in is her home & whether her father is really
seems suspicious about her food.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
William Harkness, her father says that
works very badly, is full of delusions that
done and great evil & that something
to be done to her.

Name and Medical Designation, James Maclachlan

Place of Abode, Lockerbie

DATED this fourteenth day of Dec. One
thousand eight hundred and eighty eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 S. Bell
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
do hereby certify, on Soul and Conscience, that I have this day, at (3) Hass in the
parish of Eyesdale
Dumfries
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Annie Harkness, domestic servant,
residing at Hass, Eyesdale, Dumfriesshire
and that
the said Annie Harkness is a (5) person of unsound
mind
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Says that her father is no relation, but a complete stranger &
further that her food is mixed with whiskey & other drugs more than seasoning
to a delicacy). Says she has peaceful dreams & that people accuse her of doing evil & utter
which she will not blame, but believes & be true. Pt told me that she had gone to me as I had
Monday last sitting this house as one whom she had seen the previous night in a dream. Pt
preceding part of a theatrical performance. To my knowledge that I saw her before Friday, Pt could
written the dreams & thus it made a result. Says she will never be happy in this world.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her father says that he frequently complains of being kept in the house
he believes to be one of ill-fame, & when any male visits the house she accuses him (her father)
ing her there for evil purposes. Her stepmother Mrs Mary Hamilton or Harkness says that she will
food alone, but always dirty with other ingredients of the mixture, further that she is not cleanly, often
her bedsheets & will sit & scratch herself for days, but keeps her hair tidy & puts on
to do so. The frequently complains of being followed & stone in a house of ill-fame.

Name and Medical Designation, John S. Bell C.M.B. & C.M.Ed.

Place of Abode, Lockerbie.

DATED this fourteenth day of December One
thousand eight hundred and Eighty-Eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Macklachlan
being (1) a Bachelor of Medicine & Master in Surgery
hereby certify, on Soul and Conscience, that I have this day, at (2) Hass,
Lockerbie
in the County of Dumfries, seen and personally examined
Annie Harkness, and that the said
Person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said Person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

James Macdachlan M.B. C.M.

DATED this fourteenth day of December, One thousand eight hundred and eighty eight.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Annie Harkness.
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Father

Signature and Address, William Harkness Hass Lockerbie

Date, 15 Dec 1888

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, Sheriff-Substitute
of the County of Dumfries
having had produced to me, with a Petition at the instance of (1) William Harkness, Insert Name and Designation.
Dairyman, Hass, Lockerbie
Certificates under the hands of James Macdachlan,
and John Stuart 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 (2) Annie Harkness, Hass, Lockerbie, (Petr's Daughter),
and that the said Annie Harkness is a (3) person
of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE YOU to receive the said Annie Harkness, as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Annie Harkness, which accompanied the said Petition.

(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Seventeenth day of December, One thousand eight hundred and eighty eight years.

David Boyle Hope

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 5377

Name, Annie Harkness

Date of Admission, 15th Dec. 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Lanark *and his Substitutes,*—

The Petition of Andrew Wallace Inspector of Poor Govan Combination Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Samuel Swift 45 Queen St Govan your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Samuel Swift 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.

(*To be signed by the Party applying*) Andw Wallace

(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 December One thousand eight hundred and eighty eight 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 Swift
2. Sex and Age,	Male. 42 Years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Boilermaker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	—
7. Place where Found and Examined,	45 Queen St Govan
8. Length of time Insane,	about Six weeks
9. Whether First Attack,	Yes as far as Known
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	
12. Duration of Existing Attack,	About Six weeks.
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,	Govan Combination Meantime
18. Date of becoming Chargeable,	15 December 1888
19. Christian Name and Surname, and Place of Abode of nearest known 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. Ann Coe or Swift at 45 Queen St Govan none as far as 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 fifteenth day of December One thousand eight hundred and eighty eight Years.

(*To be signed by the Party applying*) Andw Wallace

P. p.

No. 5377

Name Annie Harkness

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Allan Barras
being a (1) Doctor of Medicine of Saint Andrews University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 75 Queen Street Govan Lanark in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Samuel Swift Pauper, 75 Queen Street Govan and that the said Samuel Swift is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Delusion. Fancies people are after him and cannot rest for fear of what may happen

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His Wife States that he has been Stupid and restless and off his head for some time

Name and Medical Designation, Allan Barras

Place of Abode, Govan

DATED this 14 day of December One thousand eight hundred and eighty eight 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 Davie Taylor
being a (1) M.D. 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) 75 Queen Street Govan Lanark in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Samuel Swift, Pauper 75 Queen Street Govan and that the said Samuel Swift is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Delusion, fancies he sees all sorts animals grimacing at him during the night, fancies he is being shot on the street &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 that he has been dull for six weeks, stupid most at night and has to be constantly watched

Name and Medical Designation, Robert Davie Taylor

Place of Abode 7 Cecil Place, Paisley R

DATED this 14th day of December One thousand eight hundred and eighty eight 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 Davidson Balfour (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Andrew Wallace, Inspector of Poor Govan Combination Certificates under the hands of James Barras and Robert David Taylor, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Samuel Swift, 75 Queen Street Govan pauper and that the said Samuel Swift is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Samuel Swift as a Patient into the (6) Crichton Royal Asylum or 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 Samuel Swift which accompanied the said Petition.

DATED this Seventeenth day of December One thousand eight hundred and eighty eight

D D Balfour

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.

"(*The following should be filled up in every case in which a Certificate of Emergency is acted on.*)

"I hereby request the Superintendent of the Crichton Royal Institution
"Asylum to receive therein Samuel Swift 45 Queen St
"to whom the foregoing Certificate of Emergency refers.

"*Relationship or other capacity in which Applicant stands to Patient,* Inspector of Poor.

"*Signature and Address* _____

"*Date* 15th December 1888

Samuel Swift
Admd 17 Decr 1888

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) Captain W. L. Searle late Indian Navy

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

is at present in a state of Mental Derangement, and 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 Searle 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 (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,	Matilda Bunny or Searle
2. Sex and age,	44
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,	16 Crosthwaite Park Kingstown
7. Place where found and examined,	Dublin
8. Length of time Insane,	two months
9. Whether First Attack,	no
10. Age (if known) on First Attack,	42
11. When and where previously under Examination and treatment,	At Home
12. Duration of Existing Attack,	two months
13. Supposed Cause,	Uterine disorder
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,	W. L. Searle Capt. Cat. & N. 16 Crosthwaite Park Kingstown & East India Club London — Husband A cousin suffering from depression
20. Special circumstances (if any) preventing the 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) W. L. Searle

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Norton - Lincolnshire
2. Character of Education,	
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful — frank
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Religious - very abstemious
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?	Brother epileptic - Aunt [illegible] - paralytic
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 Apoplexy — Aunt —
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Mental shock from nursing 20 years - &
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	Uterine Depressed religious thoughts
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Elevated under the impression Pregnancy —
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 the morning —
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	More excitable
13. What changes have taken place in his bodily symptoms?	Yes No —
14. Is he dirty, destructive, untidy, or obscene?	Cleanly -
15. Has he threatened or attempted violence to himself? If so, in what way?	No —
16. Has he threatened or attempted violence to others? If so, in what way?	—
17. How long has he been insane?	—

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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, Arthur Vernon Macan
being a (1) Bachelor of Medicine of the University of Dublin
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day at (3) the Rotunda Hospital, Dublin in the County of Dublin separately from any other Medical Practitioner, visited and personally examined (4) Matilda Searle and that the said Matilda Searle is a (5) person of unsound mind 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) A fixed delusion that she is pregnant, patient becoming violent when this is questioned. Change of moral character evinced by absence of all those of decency in conversation about sexual matters.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband states that she is extremely restless and sleepless. These facts also known from personal observation, patient having talked incessantly during the whole of last night.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Arthur Vernon Macan M.B., F.K.C.P.,

Place of Abode, Rotunda & Hospital, Dublin.

DATED this twentieth day of December One thousand eight hundred and Eighty eight.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Conolly Norman
being a (1) Fellow of the Royal College of Surgeons Ireland
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Rotunda Hospital Dublin in the County of Dublin separately from any other Medical Practitioner, visited and personally examined (4) Matilda Searle and that the said Matilda Searle is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) She states that there is a conspiracy against her in the town where she lived: that the Priests laugh and make signs at her in the street: that the Fenians want to obtain possession of her & property: that sailors talk about her & laugh at her. Says she is going to Rome to see the Pope & complain to him of all these things which are all parts of a conspiracy. Says also that a man was employed to murder her for £10—

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband states the facts mentioned in paragraph 2 of Macan's certificate: confirmed also by my own observations

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Conolly Norman F.K.C.S.I.

Place of Abode, Richmond Asylum Dublin.

DATED this twentieth day of December One thousand eight hundred and eighty eight

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, (1)
of the (2)
having had produced to me, with a Petition at the instance of (3)

Certificates under the hands of
and , being two Medical Perso
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care 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 (
and that the sai

(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 t
receive the said as a Patient into th
Crichton Royal Institution for the Insane at Dumfries, and I authorize
Transmission to the said Asylum accordingly; and I transmit you herewith the sai
Medical Certificates, and a Statement regarding the said
which accompanied the said Petition.

DATED this day of One thousand eigh
hundred and

.....

To the Medical Superintendent of the
Crichton Royal Institution, Dumfries.

No. 5574

Name, ...

Date of Admission, Irish Certificates

R.—*This Form shall be in the keeping of the Superintendent of the Asylum before Order of the Sheriff is issued.*

[FORM A]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway, *at Dumfries and his Substitutes,—*

The Petition of W. L. Searle late Indian Navy. 16 Crosthwaite Park. Kingstown. Dublin. humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Matilda Binney or Searle, your Petitioner's (1) 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 Matilda Binney or Searle, to the Crichton Royal Institution at Dumfries, and to sanction her admission into the said Institution.

(1) State Degree of Relationship, or other capacity in which Petitioner stands to Patient, etc.

(To be signed by the Party applying) W. L. Searle

DATED this Twenty first (2) day of December, One thousand eight hundred and eighty eight years.

(2) The date of the Petition must be within four-teen 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,	Matilda Binney or Searle.
2. Sex and age,	Female. 44 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,	16 Crosthwaite Park. Kingstown Dublin.
7. Place where found and examined,	Dumfries
8. Length of time Insane,	two months.
9. Whether First Attack,	no.
10. Age (if known) on First Attack,	42.
11. When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	At Home two months
12. Duration of Existing Attack,	Uterine Disorder
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,	W. L. Searle Capt.n late I. N. 16 Crosthwaite Park. Kingstown. Dublin + East India Club. London. Husband. a Cousin suffering from depression.
20. Special circumstances (if any) preventing the 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 December, One thousand eight hundred and eighty eight years.

(To be signed by the Party applying) W. L. Searle

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 in Medicine of Edinburgh University and being in actual practice as a (2) Medical Practitioner, do hereby certify, on Soul and Conscience, that I have this day, at (3) Railway Station Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Matilda Searle of 16 Crosbie Park, Kingstown, Ireland, and that the said Matilda Searle is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 sometimes depressed at other times laughing without cause, has various delusions, such as believing herself to be within a few of confinement without cause, speaks about her private affairs to strangers.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Captain Searle, her husband says she has various delusions. she thinks people are going to murder her. that she firmly believes herself to be pregnant without cause.

Name and Medical Designation, Richard B. Lorraine M.B.

Place of Abode, 16 Castle St. Dumfries

DATED this twenty first day of December One thousand eight hundred and eighty eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Alexander M. MacOmish being a (1) Graduate of Edinburgh University and being in actual practice as a (2) [illegible] do hereby certify, on Soul and Conscience, that I have this day, at (3) Creighton Institution Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Matilda Searle 16 Crosbie Park Kingstown Ireland, and that the said Matilda Searle is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 religious talking about nothing else. fancies she is to have a child immediately and that she is to be placed in the Residence of Mary.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr Black says she is excited restless & talks incoherently.

Name and Medical Designation, A. M. MacOmish

Place of Abode, 8 Castle St Dumfries

DATED this 20th day of Dec — One thousand eight hundred and eighty-eight.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 in Medicine of Edinburgh University hereby certify, on Soul and Conscience, that I have this day, at (2) Railway Station, Dumfries in the County of Dumfries, seen and personally examined Matilda Searle, of 16 Crosthwaite Park, Kingstown, Ireland that the said Person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said Person is one of Emergency.

(1) State medical qualification.

(2) State place of examination.

Richard B. Lorraine MBCM.

DATED this Twenty first day of December, One thousand eight hundred and eighty eight.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Matilda Binney or Searle to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Husband

Signature and Address, W L Searle

Date, 21st December 1888

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, Sheriff-Substitute of the County of Dumfries having had produced to me, with a Petition at the instance of (1) W. L. Searle 16 Crosthwaite park, Kingstown Dublin, Certificates under the hands of Richard B Lorraine, and Alexander 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 (2), Matilda Searle, 16 Crosthwaite park, Kingstown, Dublin (petitioner's wife) and that the said Matilda Searle is a (3) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Matilda Searle as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Matilda Binney or Searle, which accompanied the said Petition.

(1) Insert Name and Designation.

(2) Describe him, and if a Pauper, state so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twenty first day of December One thousand eight hundred and eighty eight years.

David Boyle Hope

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 5379.

Name, Matilda Binney or Searle

Date of Admission, 21st Dec: 1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — *of the* (2) Dumfries & and Galloway — *and his Substitutes,—*

The Petition of Henry Erskine, Inspector of Poor, Langholm.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Anderson, —

(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 Alexander Anderson, — to the Southern Counties Asylum Dumfries, and to sanction his admission into the said Asylum. (two words delete)

Henry Erskine Inspector of Poor for Parish of Langholm.

(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 December, — One thousand eight hundred and eighty eight years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Alexander Anderson
2. Sex and Age,	Male - 50 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,	Langholm
7. Place where Found and Examined,	High Street - Langholm,
8. Length of time Insane,	6 months -
9. Whether First Attack,	No - (third attack)
10. Age (if known) on First Attack,	23 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum, Dumfries -
12. Duration of Existing Attack,	2 months -
13. Supposed Cause,	Softening of Brain -
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	Occasionally surly in temper & strikes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Langholm Parish
18. Date of becoming Chargeable,	18 December 1888.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Myrtle Anderson, Sister, High Street - Langholm John Anderson, Brother, Do. Do. Mary Redpath Anderson - Dixon Street Hawick (Mary & John both been in 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 Nineteenth day of December — One thousand eight hundred and Eighty Eight

(*To be signed by Party applying*) Henry Erskine
Inspector of Poor P. P.
Langholm

Alexander Anderson
Admd 21 Dec: 1888
Langholm.

79.46

4

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Dumbries & Galloway *and his Substitutes.*—

The Petition of Archibald Dempster, Inspector of Poor, City Parish Glasgow, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Gault Pauper Inmate of the Towns Hospital Glasgow, and presently chargeable to said 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 William Gault, Pauper, —to the Crichton Royal Institution, Dumfries, and to sanction his admission into the said Asylum.

(3) State degree of ~~your Petitioner's~~ Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) A. Dempster

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 25th (5) day of December, One thousand eight hundred and 88.

STATEMENT.

If any 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 Gault.
2. Sex and Age,	Male. 33 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Mason,
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Inmate of Towns Hospital Glasgow.
7. Place where Found and Examined,	No 4 ward Towns Hospital, Glasgow.
8. Length of time Insane,	A few days.
9. Whether First Attack,	Yes so far as known.
10. Age (if known) on First Attack,	33 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	Not previously so far as known.
12. Duration of Existing Attack,	A few days.
13. Supposed Cause,	Unknown.
14. Whether subject to Epilepsy,	~~Not~~. No.
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish, Glasgow.
18. Date of becoming Chargeable,	25th December 1888.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	His Sister Mrs Black, resides in Kilbarchan.
20. Special circumstances (if any) preventing the 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 December, One thousand eight hundred and 88.

(To be signed by the Party applying) A. Dempster

Inspector of Poor, City Parish Glasgow

P. P.

Alexander Anderson
Admd 21 Dec 1888

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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
being a (1) Graduate in Med of Glasg Univ
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) No 4 Ward Towns Hospital, Glasgow, in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) William Gault, Pauper A patient there
and that the said William Gault 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) He restless and sleepless. is Haunted by evil spirits of every Kind of colour who want him to jump out the window & they speak to him through the night & he answers them, is dangerous to

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Nurse. Tells me he talks great nonsense crying out women who answer him and runs about the ward as if they were following him.

Name and Medical Designation, Geo: Buchan MD

Place of Abode, House, Towns Hospital

DATED this 25th day of Dec 1888.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Univ
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) the Towns Hospital, Glasgow, in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) William Gault, Pauper, of Towns Hospital, Glasgow and that the said William Gault, 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 imagines people follow him to take away his life. says he had a knife or hammer he would "go for them" hears imaginary voices and sees imaginary rooms;

(7) *State the information, and from whom derived.*

Cameronian

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He disturbs his fellow-patients at night muttering to himself; etc. Information from Nurse.

Name and Medical Designation, Alex: Robertson.

Place of Abode 16 Newton Terrace, Gen

DATED this 25th day of December, One thousand eight hundred and 88.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Geo. Buchan
being (1) a Graduate in Med of Glasg. Univers
hereby certify, on soul and conscience, that I have this day, at (2) 4 Ward Town's Hospital Glasgow,
in the County of Lanark, seen and personally examined
Wm Gault 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.

Geo. Buchan M.D.

DATED this 25th day of Dec, One thousand eight hundred and 88.

(1) 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 Smith Sheriff Substitute
of the (3) County of Dumfries,
having had produced to me, with a Petition at the instance of (4) Archibald Dempster Inspector of Poor City Parish, Glasgow
Certificates under the hands of George Buchan, Glasgow
and Alexander Robertson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Gault Town's Hospital Glasgow (a pauper) and that the said William Gault, is a (5) person of unsound mind, lunatic,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Gault, 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 Gault, which accompanied the said Petition.

DATED this Twenty sixth day of December, One thousand eight hundred and eighty eight years.

W H Smith

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.
(4) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein William Gault, to whom the foregoing Certificate of Emergency refers.

R Dempster

Inspector of Poor, City Parish, Glasgow

Glasgow, 25th December 1888

No. 5581

William Gault

Glasgow

Admd 25 Dec. 1888.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Ayr *and his Substitutes,—*

The Petition of John Murray, Glenfield Home Corst Shaw St

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) John Fulton Murray 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 Fulton Murray to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(*To be signed by the Party applying*) John Murray

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 29th (4) day of December One thousand eight hundred and '88

STATEMENT.

If any 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 Fulton Murray
2. Sex and Age,	Male 30 years of age
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Draftsman
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	East Shaw St
7. Place where Found and Examined,	—
8. Length of time Insane,	a day
9. Whether First Attack,	First
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	—
12. Duration of Existing Attack,	See above
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known 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 May Duncan a Murray East Shaw Street
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 29th day of December One thousand eight hundred and '88

(*To be signed by the Party applying*) John Murray

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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) D. On. M. Macleod Graduate of the University of Glasgow and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Glenfield Foundry, Kilmarnock Ayr in the County of separately from any other Medical Practitioner, visited and personally examined (4) John Murray ~~pauper~~ and that the said John 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 has a little that he is being persecuted by his late Employers, that they have all friends consequently he is in Continual Contest with them,

(7) *State the information, and from whom derived.*

From father

2. Other facts (if any) indicating Insanity communicated to me by others: (7) That he is restless in his manner, little except when under the influence of hypnotics. is slightly inclined to be violent at times

Name and Medical Designation, D. On. M. Macleod M.

Place of Abode, Kilmarnock

DATED this 29 day of Dec. One thousand eight hundred and Eighty Eight.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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) William Aitken Macleod Graduate of the University of Glasgow and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Glenfield Foundry, Kilmarnock Ayr in the County of separately from any other Medical Practitioner, visited and personally examined (4) John Murray, pauper and that the said John 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 low spirit at times & restless. He imagines that his employers are following him & continually among him: he has other delusions about spirits being near him.

(7) *State the information, and from whom derived.*

From mother.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) That he is a little inclined to be violent at times, & suicidal, are very little except under the influence of soporifics

Name and Medical Designation, W. A. Macleod M.

Place of Abode Kilmarnock

DATED this twenty ninth day of December One thousand eight hundred and eighty eight

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Esquire (1) Sheriff Substitute
of the (2) County of Ayr
having had produced to me, with a Petition at the instance of (3) John Murray
Glenfield House Court Shaw Street Kilmarnock
Certificates under the hands of Doctors Donald Macleod
and William Aitken 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)
John Fulton Murray, Draughtsman, Court Shaw Street and that the said
John Fulton 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 John Fulton Murray as a Patient into the (6) Crichton Royal ~~Asylum of~~ Institute 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 Fulton Murray which accompanied the said Petition.

DATED this twenty-ninth day of December One thousand eight hundred and eighty eight

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.

No 5382

John Fulton Murray

Admr 29 Decr 1888